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Florida CARTS FY2022 Report

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the CARTS Help Desk.

1. State or territory name:

Florida

2. Program type:

- (●) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

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

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

4. Contact name:

Ann Dalton

5. Job title:

Bureau Chief, Medicaid Policy

6. Email:

Ann.Dalton@ahca.myflorida.com

7. Full mailing address:

Include city, state, and zip code.

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

8. Phone number:

850-412-4000

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

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

1. Does your program charge an enrollment fee?

○ Yes

◉ No

2. Does your program charge premiums?

- [ ] Yes
- [x] No

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

- [ ] Yes
- [ ] No

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

5. Which delivery system(s) do you use?
Select all that apply.

- [x] Managed Care
- [ ] Primary Care Case Management
- [ ] Fee for Service

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

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

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

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- (•) Yes

  2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

  - ( ) Yes
  - (•) No

  2c. How much is the premium for one child?

  $

- ( ) No

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

◉ Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

FPL starts at

133

FPL ends at

158

Premium starts at

$ 15

Premium ends at

$ 15

FPL starts at

158

FPL ends at

210

Premium starts at

$ 20

Premium ends at

$ 20

○ No

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

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

5. Which delivery system(s) do you use?
Select all that apply.

- [x] Managed Care
- [ ] Primary Care Case Management
- [ ] Fee for Service

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

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

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2. Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4. Have you made any changes to the benefits available to enrollees?
For example: adding benefits or removing benefit limits.

- [ ] Yes
- [x] No
- [ ] N/A

5. Have you made any changes to the single streamlined application?

- [ ] Yes
- [x] No
- [ ] N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- [ ] Yes
- [x] No
- [ ] N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- ○ Yes
- ◉ No
- ○ N/A

9. Have you made any changes to the substitution of coverage policies?
For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

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

- ( ) Yes
- (•) No
- ( ) N/A

11. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ( ) Yes
- (•) No
- ( ) N/A

12. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

- ( ) Yes
- (•) No
- ( ) N/A

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

- ○ Yes
- ◉ No
- ○ N/A

14. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

- ◉ Yes
- ○ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- [ ] Yes
- [x] No
- [ ] N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

Effective May 25, 2022, CMS approved Florida's request to amend its section 1115 demonstration project entitled, Managed Medical Assistance. This amendment extends postpartum coverage to 12 months for postpartum individuals in both the State's Medicaid and CHIP programs in accordance with sections 9812 and 9822 of the ARP of 2021.

18. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- [ ] Yes
- [ ] No
- [x] N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2. Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

- ◉ Yes
- ○ No
- ○ N/A

4. Have you made any changes to the benefits available to enrolees?
For example: adding benefits or removing benefit limits.

- [x] Yes
- [ ] No
- [ ] N/A

5. Have you made any changes to the single streamlined application?

- [ ] Yes
- [x] No
- [ ] N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- [ ] Yes
- [x] No
- [ ] N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

- [ ] Yes
- [x] No
- [ ] N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- [ ] Yes
- [x] No
- [ ] N/A

9. Have you made any changes to substitution of coverage policies?
For example: removing a waiting period.

- [ ] Yes
- [x] No
- [ ] N/A

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

- ◯ Yes
- ◉ No
- ◯ N/A

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

- ◯ Yes
- ◉ No
- ◯ N/A

12. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ◯ Yes
- ◉ No
- ◯ N/A

13. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?
For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

16. Have you made any changes to coverage for your CHIP pregnant individuals eligibility group?
For example: expanding eligibility or changing this population's benefit package.

- [x] Yes
- [ ] No
- [ ] N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

- [x] Yes
- [ ] No
- [ ] N/A

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

- [ ] Yes
- [x] No
- [ ] N/A

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

- ○ Yes
- ◉ No
- ○ N/A

20. Briefly describe why you made these changes to your Separate CHIP program.

On May 25, 2022 with an effective date of July 1, 2022, CMS approved Florida's request to amend its section 1115 demonstration project entitled, Managed Medical Assistance. The amendment extends postpartum coverage to 12 months for postpartum individuals in the CHIP program in accordance with sections 9812 and 9822 of the ARP of 2021. Florida Senate Bill 2526 amended s. 409.814(4), F.S., authorizing a Title XXI funded child reaching 19 years of age continued Title XXI funded coverage throughout the duration of pregnancy, and the postpartum period consisting of the 12-month period beginning on the last day of pregnancy.

21. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- ○ Yes
- ◉ No

Part 1: Number of Children Enrolled in CHIP

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

CARTS data below to update.

Program	Number of children enrolled in FFY 2021	Number of children enrolled in FFY 2022	Percent change
Medicaid Expansion CHIP	162,485	182,266	12.174%
Separate CHIP	237,092	150,546	-36.503%

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

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

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the Census Bureau did not release standard one-year ACS estimates in 2020 and that row is intentionally left blank.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2013	Not Available	Not Available	Not Available	Not Available
2014	Not Available	Not Available	Not Available	Not Available
2015	195,000	11,000	4.6%	0.2%
2016	166,000	12,000	3.9%	0.3%
2017	179,000	12,000	4.1%	0.3%
2018	174,000	11,000	3.9%	0.3%
2019	176,000	13,000	4%	0.3%
2020	Not Available	Not Available	Not Available	Not Available
2021	162,000	12,000	3.6%	0.3%

Percent change between 2019 and 2021
-10.00%

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

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

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

- ○ Yes
- ◉ No

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

- ○ Yes
- ◉ No

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

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
You can only upload PDF, Word, Excel, JPG or PNG files.

Browse...

Program Outreach

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

○ Yes

◉ No

2. Are you targeting specific populations in your outreach efforts?
For example: minorities, immigrants, or children living in rural areas.

◉ Yes

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

Yes, these efforts have been successful in creating broader awareness of the Florida KidCare program. The more families learn about the program, the higher the likelihood they will apply for coverage. The newly contracted partners in more rural areas also provide application assistance, and the number of new applicants are tracked.

○ No

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

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

To reach families with uninsured children, the KidCare program has increased its digital advertising spend on Google, Facebook, Pinterest, and other social media platforms. These efforts are tracked through traditional advertising metrics, such as views, overall cost per thousand impressions (CPM), and total number of completed applications and new enrollments. Paid search has proven the most effective and cost-effective digital tactic. Additional community outreach partners continue to be added to increase the number of person-to-person outreach opportunities across the state. On top of in-person outreach, these partners leverage telephonic outreach as a way of reminding partial applicants to complete the process and/or assist new families apply for the first time. Outreach partner efforts are measured by individual reach, extent of education and information provided to qualified leads, as well as direct application assistance. This information can be viewed internally and measured against other partnerships to determine effectiveness. Partnerships with food banks and community health clinics have proven most successful. The similarities in populations served create a pipeline of qualified leads.

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

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
You can only upload PDF, Word, Excel, JPG or PNG files.

Browse...

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with

private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

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

- [ ] Yes
- [x] No
- [ ] N/A

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

- [ ] Yes
- [x] No
- [ ] N/A

%

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

- [x] Yes

4a. How long is the waiting period?

60 days

4b. Which populations does the waiting period apply to? (Include the FPL for each group.)

To be eligible for Title XXI Florida KidCare, the family income must not exceed 210% of the federal poverty level and the child must be uninsured at the time of application. To prevent crowd-out, applicants who voluntarily cancel their employer-based coverage or private health care coverage in the 60 days prior to application are not eligible for subsidized coverage.

4c. What exemptions apply to the waiting period?

The following exemptions apply to the 60-day waiting period: b" The cost of participation in an employer-sponsored health benefit plan is greater than 5% of the family's income; b" Parent lost a job that provided an employer-sponsored health benefit plan for the child; b" Parent who had health benefit coverage for the child is deceased; b" The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death; b" The employer of the parent canceled health benefits coverage for children; b" The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount; b" The child has exhausted coverage under a COBRA continuation provision; b" The health benefits coverage does not cover the child's health care needs; or b" Domestic violence led to the loss of coverage.

4d. What percent of individuals subject to the waiting period meet a state or federal exemption?

This data is not tracked in the aggregate.

- ○ No
- ○ N/A

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

6. Optional: Attach any additional documents here.

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

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ◉ Yes
- ○ No

3. Do you send renewal reminder notices to families?

- [x] Yes

  3a. How many notices do you send to families before disenrolling a child from the program?

  > The CHIP program sends two notices to families. The administrative renewal process is attempted for all families, but if income data is not available, the family is sent a pre-populated renewal form, followed by an auto dial call.

  3b. How many days before the end of the eligibility period did you send reminder notices to families?

  > If renewal information is incomplete, a missing information letter is mailed, followed by an auto dial call. A reminder letter is mailed one month later, followed by an auto dial call. Upon completion, a renewal complete letter is sent. If the renewal is not completed, a cancellation letter is sent the 20th day of the month before coverage is cancelled.If renewal information is incomplete, a missing information letter is mailed, followed by an auto dial call. A reminder letter is mailed one month later, followed by an auto dial call. Upon completion, a renewal complete letter is sent. If the renewal is not completed, a cancellation letter is sent the 20th day of the month before coverage is cancelled.

- [ ] No

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

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

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

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

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

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

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

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2022?
Don't include applicants being considered for redetermination - these data will be collected in Part 3.

121431

2. How many applicants were denied CHIP coverage for procedural reasons?
For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

32431

3. How many applicants were denied CHIP coverage for eligibility reasons?

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

88248

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

28360

4. How many applicants were denied CHIP coverage for other reasons?

752

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

Yes. Members can have multiple denial reasons. A member may be in multiple counts if there are multiple denial reasons.

Table: CHIP Eligibility Denials (Not Redetermination)
This table is auto-populated with the data you entered above.

	Number	Percent
Total denials	121431	100%
Denied for procedural reasons	32431	26.71%
Denied for eligibility reasons	88248	72.67%
Denials for other reasons	752	0.62%

Part 3: Redetermination in CHIP

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

1. How many children were eligible for redetermination in CHIP in FFY 2022?

128485

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

128485

3. How many children were retained in CHIP after redetermination?

125625

4. How many children were disenrolled in CHIP after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

2860

Computed: 2860

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

65

4b. How many children were disenrolled for eligibility reasons?
This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

2378

4c. How many children were disenrolled for other reasons?

417

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

No.

Table: Redetermination in CHIP
These tables are auto-populated with the data you entered above.

	Number	Percent
Children screened for redetermination	128485	100%
Children retained after redetermination	125625	97.77%
Children disenrolled after redetermination	2860	2.23%

Table: Disenrollment in CHIP after Redetermination

	Number	Percent
Children disenrolled after redetermination	2860	100%
Children disenrolled for procedural reasons	65	2.27%
Children disenrolled for eligibility reasons	2378	83.15%
Children disenrolled for other reasons	417	14.58%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year

changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2022?

2107418

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

1450892

3. How many children were retained in Medicaid after redetermination?

1448990

4. How many children were disenrolled in Medicaid after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

1902

Computed: 1902

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

156

4b. How many children were disenrolled for eligibility reasons?
This could be due to an income that was too high and/or eligibility in CHIP instead.

1018

4c. How many children were disenrolled for other reasons?

728

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

No.

Table: Redetermination in Medicaid
These tables are auto-populated with the data you entered above.

	Number	Percent
Children screened for redetermination	1450892	100%
Children retained after redetermination	1448990	99.87%
Children disenrolled after redetermination	1902	0.13%

Table: Disenrollment in Medicaid after Redetermination

	Number	Percent
Children disenrolled after redetermination	1902	100%
Children disenrolled for procedural reasons	156	8.2%
Children disenrolled for eligibility reasons	1018	53.52%
Children disenrolled for other reasons	728	38.28%

Part 5: Tracking a CHIP cohort over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2022) and six months later (July - Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2023) and 18 months later (July - Sept 2023). If data are unknown or unavailable, leave it blank - don't enter a zero unless these data are known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2022. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

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

◉ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP in December 2021.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP or Medicaid in December 2021.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

- [x] Yes
- [ ] No

January - March 2022 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2022?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	1306	1912	869

July - September 2022 (6 months later)

4. How many children were continuously enrolled in CHIP six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	431	1602	699

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
34	261	351	150

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
	258	644	272

7. How many children were no longer enrolled in CHIP six months later?
Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
	307	884	428

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
	70	123	59

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

No.

January - March 2023 (12 months later): to be completed next year

Next year you'll report data about your cohort for this section.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13. How many children were no longer enrolled in CHIP 12 months later?
Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2023 (18 months later): to be completed next year
Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in CHIP 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18. How many children were no longer enrolled in CHIP 18 months later?
Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Part 6: Tracking a Medicaid Cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of

children identified at the start of the cohort (Jan-Mar 2022) and six months later (July-Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2023) and 18 months later (July-Sept 2023). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2022. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

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

(•) Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in Medicaid in December 2021.

( ) Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP or Medicaid in December 2021.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

(•) Yes

( ) No

January - March 2022 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2022?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
18778	7343	6161	2460

July - September 2022 (6 months later)

4. How many children were continuously enrolled in Medicaid six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
18262	6961	5880	2343

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
61	21	8	2

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

7. How many children were no longer enrolled in Medicaid six months later?
Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
547	386	297	124

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

No.

January - March 2023 (12 months later): to be completed next year

Next year, you'll report data about your cohort for this section.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13. How many children were no longer enrolled in Medicaid 12 months later?
Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2023 (18 months later): to be completed next year
Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in Medicaid 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18. How many children were no longer enrolled in Medicaid 18 months later?
Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

- (•) Yes
- ( ) No

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

- (•) Families ("the shoebox method")

  2a. What information or tools do you provide families with so they can track cost sharing?

  The Florida Healthy Kids Corporation contracted third party administrator calculates each family's 5 percent cost-sharing limit and includes this dollar amount in eligibility approval notices sent to families. Florida Healthy Kids is the only Title XXI program component that charges copayments. Cost sharing for Florida Healthy Kids children is tracked by enrollees through the shoebox method. The health plans track the copayments paid by families and provide this information through their member portals or upon request. Since the health plans do not know the family's income, they cannot calculate the 5 percent cost-sharing limit. When the family has met the 5 percent limit, they contact the third-party administrator and provide documentation (e.g., receipts) of their expenditures. The Florida Healthy Kids Corporation reviews the documentation and notifies the health plan when a family has reached the 5 percent cost-sharing limit. At that point, the health plan does not charge copayments for the remainder of the continuous eligibility period. The health plan is required to notify providers that the child should no longer be charged copayments. Dental services provided under the Florida Healthy Kids dental plan have no cost sharing; all covered dental services are free to the enrollee.

- ( ) Health plans
- ( ) States
- ( ) Third party administrator

- [ ] Other

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

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

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

0

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

- [ ] Yes
- [x] No

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

- [ ] Yes
- [x] No

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

9. Optional: Attach any additional documents here.

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Employer Sponsored Insurance and Premium Assistance

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

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

- [ ] Yes
- [x] No

Program Integrity

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

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

- [ ] Yes
- [x] No

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

- [ ] Yes
- [x] No

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

- [ ] Yes
- [x] No

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

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

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

- [x] Yes

5a. What safeguards and procedures do the Managed Care plans have in place?

The managed care plans have administrative and management arrangements and procedures to detect and prevent Fraud, Waste and Abuse that comply with all state and federal laws and regulations, including 42 CFR 457.1285. The arrangements and procedures include the following: a. A compliance program that includes the following: i. Written policies, procedures, and standards of conduct detailing Insurer's commitment to comply with all applicable requirements and standards; ii. A compliance officer responsible for developing and implementing the policies, procedures and practices designed to ensure compliance with the Contract. The compliance officer shall have sufficient experience in healthcare and shall report directly to the CEO and Insurer's board of directors; iii. A regulatory compliance committee on the board of directors and at the senior management level charged with overseeing Insurer's compliance program and its compliance with the Contract; iv. A system for training and educating the compliance officer, senior management and Insurer's employees about state, federal and contractual requirements; v. Effective lines of communication between the compliance officer and Insurer's employees, as evidenced by some formal policy; vi. Enforcement of standards through well-publicized disciplinary guidelines; vii. Non-retaliation policies against any individual that reports violations of Insurer's Fraud and Abuse policies and procedures or suspected Fraud and Abuse; and viii. A system, and related procedures, with dedicated staff for routine internal monitoring, auditing of compliance risks, prompt response to, investigation of, and correction of compliance issues, actions to reduce the potential for recurrence of compliance issues, and ongoing compliance with the requirements of the Contract.

- [ ] No
- [ ] N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2022?

0

7. How many cases have been found in favor of the beneficiary in FFY 2022?

8. How many cases related to provider credentialing were investigated in FFY 2022?

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2022?

10. How many cases related to provider billing were investigated in FFY 2022?

26

11. How many cases were referred to appropriate law enforcement officials in FFY 2022?

13

12. How many cases related to beneficiary eligibility were investigated in FFY 2022?

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2022?

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

- (●) CHIP only
- ( ) Medicaid and CHIP combined

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

○ Yes

◉ No

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

◉ Yes

16a. What specifically are the contractors responsible for in terms of oversight?

Florida CHIP program managed care plans are required by Florida Statute to investigate potential fraud and abuse and refer cases to law enforcement and/or the Medicaid Program Integrity Bureau as appropriate.

○ No

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

18. Optional: Attach any additional documents here.

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Dental Benefits

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

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

1. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-18 years) instead.

- [x] Yes
- [ ] No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	2753	23661	43484	66724	52358

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
	585	8152	21396	32046	21542

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	559	7690	20276	29962	19177

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

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2022?

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	154	2699	9017	11478	8716

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2022?

5786

Sealant codes and definitions
The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

○ Yes

● No

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

9. Optional: Attach any additional documents here.

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CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2022 CARTS report, the only option for reporting

CAHPS results will be through the submission of raw data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database.

1. Did you collect the CAHPS survey?

- [x] Yes

    1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database? Please note this is a requirement for FFY 2022.

    - [x] Yes
    - [ ] No

- [ ] No

Part 2: You didn't collect the CAHPS survey

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of the total computable amount of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act, 42 CFR 457.10 and 457.618.] States may only claim HSI expenditures after funding other costs to administer their CHIP State Plan.

1. Does your state operate Health Services Initiatives using CHIP (Title XXI) funds?
Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- (selected) Yes
- No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

School Health Services Program

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

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

Students ages 4 through 18 years of age (prekindergarten through 12th grade) in 67 Florida county public school district schools receive services through the School Health Services Program. CHIP funds are used to fund additional service provisions provided at Comprehensive School Health Services and/or Full-Service School programs (Comprehensive and Full-Service) in 66 school districts. Schools designated as Comprehensive or Full-Service are defined locally and based on local "needs assessments". The schools are often located in underserved and vulnerable communities and support services and public health initiatives in schools for low-income children. CHIP (Title XXI) funds partially fund the above-mentioned programs, with the remainder of funding being provided by the State of Florida (i.e., state general revenue).

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

684622

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

121863

Computed: 17.8%

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

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

Children in schools served by Florida's school health services programs receive a wide array of health services at school. These include nursing assessments, individualized healthcare plans, first aid and emergency health services, sick care, medication administration, medical procedures, and treatments for students with physicians' orders, immunization follow-up, referrals to primary care or specialty health services, health education and statutorily required screenings for vision, hearing, scoliosis and growth and development. A standard metric used to measure program impact is student screening services. The mandated screening requirements for local school health services programs include: b" Screen for visual health barriers to learning in 95% of students in kindergarten (KG), 1st, 3rd, and 6th grades. b" Screen for hearing related health barriers to learning in 95% of students in KG, first and six grades. b" Screen 95% of students in 6th grade for scoliosis. b" Screen 95% of students in 1st, 3rd and 6th grades for growth and development (body mass index screening).

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

Preliminary 2021-2022 statewide data aggregation shows the following impact data: b" Vision screenings: 667,506 mandated grade level students screened; 75,058 (11.3%) needed referral for further evaluation by a medical provider. b" Hearing screenings: 497,929 mandated grade level students screened; 12,044 (2.4%) needed referral for further evaluation by a medical provider. b" Scoliosis screenings: 137,564 mandated grade level students screened; 3,024 (2.1%) needed referral for further evaluation by a medical provider. b" Growth and development screenings: 482,724 mandated grade level students screened; 67,814 (14%) needed referral for further evaluation by a medical provider.

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

At its core, the program helps students mitigate health barriers to learning, allowing children to learn to the best of their ability. Health status as an adult is directly correlated to education attainment; and the school health services program is aimed at directly tackling health limitations to educational attainment. The CHIP (Title XXI) funds used to support service delivery in Comprehensive and Full-service schools help support this core mission.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Do you have another in this list?

Optional

Part 1: Tell us about your goals and objectives

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

1. Briefly describe your goal.

For example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.

The State plans to continue its goal of working towards moving below the national average of children who are uninsured (5.4%). The U.S. Census Bureau's 2021 American Community Survey (ACS) 1-year experimental estimates indicate that 7.3% of Florida's children were uninsured.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

Florida children under the age of 19 represented in the 2021 ACS 1-year experimental estimates who lack health insurance.

4. Numerator (total number)

331728

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.

Florida children under age 19 represented in the 2021 ACS 1-year experimental estimates.

6. Denominator (total number)

4533799

Computed: 7.32%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8. Which data source did you use?

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

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

The rate of uninsured children in Florida stayed consistent with the prior year, increasing by only 0.2 percentage points.

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

The State's efforts toward increasing insurance coverage has been aided by changes made in light of the ongoing public health emergency which will continue to help this metric.

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

The State plans to maintain the same goal over the next three years as there is still progress to be made on this objective.

12. Do you have any supporting documentation?
Optional

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

Do you have another in this list?

Optional

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

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

Increase access to care

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

The State aims to increase the number of families who indicate positive experiences with the care provided under their enrolled Florida KidCare program component by one percentage point between FFY 2022 and 2023 reporting.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

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

4. Numerator (total number)

1365

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

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

6. Denominator (total number)

1701

Computed: 80.25%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8. Which data source did you use?

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

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

This year's rate of survey respondents who rated their CHIP plan or program an "8", "9", or "10" on a 0-10 scale is 80.25%, which is slightly lower than the prior year's rate but consistent with rates over the last 5 years.

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

Florida CHIP conducts CAHPS surveys each year to gauge family experiences. Plans conduct performance improvement plans assessing enrollee satisfaction and are able to implement changes based on member feedback.

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

No. The original goal of a two-percentage point increase was adjusted to be a one percentage point increase so that the goal is both realistic and attainable. The National Committee for Quality Assurance (NCQA) has given guidance that recent CAHPS survey data should not rely heavily on prior-year comparisons alone, as asking health plan members to rate their health care while still living through a pandemic may influence responses.

12. Do you have any supporting documentation?
Optional

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Browse...

Do you have another in this list?

Optional

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

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

Increase the use of preventative care

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

Improve the health status of children in Florida.

2. What type of goal is it?

- ○ New goal
- ● Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

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

4. Numerator (total number)

82056

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of rural children enrolled in CHIP.

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

6. Denominator (total number)

120322

Computed: 68.2%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8. Which data source did you use?

- (●) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

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

Yes, the State reached its goal by increasing the number of children who receive a well-child visit by just over 2.2 percentage points from the previous year.

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

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

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

Yes, the State plans to maintain this goal over the next three years.

12. Do you have any supporting documentation?
Optional

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

Do you have another in this list?
Optional

Do you have another objective in your State Plan?
Optional

Part 2: Additional questions

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

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

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

4. Optional: Attach any additional documents here.
For example: studies, analyses, or any other documents that address your performance goals.

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Tell us how much you spent on your CHIP program in FFY 2022, and how much you anticipate spending in FFY 2023 and 2024.

Part 1: Benefit Costs

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 1,153,403,978	**$** 1,253,799,422	**$** 1,276,882,768

2. How much did you spend on Fee for Service in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$	**$**	**$**

3. How much did you spend on anything else related to benefit costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$	**$**	**$**

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 28,869,358	**$** 32,667,658	**$** 31,316,503

Table 1: Benefits Costs
This table is auto-populated with the data you entered above.

	FFY 2022	FFY 2021	FFY 2022
Managed Care	1153403978	1253799422	1276882768
Fee for Service			
Other benefit costs			
Cost sharing payments from beneficiaries	28869358	32667658	31316503
Total benefit costs	1182273336	1286467080	1308199271

Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?
This includes wages, salaries, and other employee costs.

2022

$

2023

$

2024

$

2. How much did you spend on general administration in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 2,619,053	$ 2,675,493	$ 2,731,993

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 19,842,445	$ 20,725,929	$ 21,609,413

4. How much did you spend on claims processing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$	$	$

5. How much did you spend on outreach and marketing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 1,200,000	$ 1,200,000	$ 1,200,000

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 16,020,182	$ 15,927,998	$ 15,927,999

7. How much did you spend on anything else related to administrative costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$	$	$

Table 2: Administrative Costs
This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2022	FFY 2021	FFY 2022
Personnel			
General administration	2619053	2675493	2731993
Contractors and brokers	19842445	20725929	21609413
Claims processing			
Outreach and marketing	1200000	1200000	1200000
Health Services Initiatives (HSI)	16020182	15927998	15927999
Other administrative costs			
Total administrative costs	39681680	40529420	41469405
10% administrative cap	124948291.11	135681307.11	138396251.67

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2022	**FFY 2021**	**FFY 2022**
Total program costs	1164216300	1261661184	1287035670
eFMAP	72.72	73.37	72.72
Federal share	846618093.36	925680810.7	935932339.22
State share	317598206.64	335980373.3	351103330.78

8. What were your state funding sources in FFY 2022?
Select all that apply.

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

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

- ○ Yes
- ◉ No

Part 3: Managed Care Costs

Complete this section only if you have a managed care delivery system.

1. How many children were eligible for managed care in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022	2023	2024
$ 4,444,566	$ 4,780,940	$ 4,672,836

2. What was your per member per month (PMPM) cost based on the number of children eligible for managed care in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?
Round to the nearest whole number.

2022	2023	2024
$ 259	$ 262	$ 273

	FFY 2022	**FFY 2021**	**FFY 2022**
Eligible children	4444566	4780940	4672836
PMPM cost	259	262	273

Part 4: Fee for Service Costs

Complete this section only if you have a fee for service delivery system.

1. How many children were eligible for fee for service in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022	2023	2024
$	**$**	**$**

2. What was your per member per month (PMPM) cost based on the number of children eligible for fee for service in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?
Round to the nearest whole number.

2022	2023	2024
$	**$**	**$**

	FFY 2022	FFY 2021	FFY 2022
Eligible children			
PMPM cost			

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

2. Optional: Attach any additional documents here.

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

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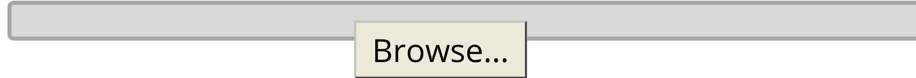

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

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

2. What's the greatest challenge your CHIP program has faced in FFY 2022?

The continued COVID-19 pandemic, as well as misinformation surrounding the end of the public health emergency (PHE), have posed a challenge to enrollees and program staff alike. State partners are working collaboratively to prepare for the eventual end to the PHE, including the syncing of messaging and the updating of systems to ensure the process moves as smoothly as possible. Throughout the COVID-19 pandemic, services to families continued without disruption. CHIP health plans monitor provider networks to ensure children continue to have access to services.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2022?

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

4. What changes have you made to your CHIP program in FFY 2022 or plan to make in FFY 2023? Why have you decided to make these changes?

The Florida Healthy Kids Corporation (FHKC) is currently undergoing a procurement to select a third-party vendor for CHIP eligibility, enrollment, and call center services. FHKC's goals for this procurement include enhanced tools for communication and member outreach, as well as a more advanced self-service phone system, while also allowing families to opt into alternative communication methods, such as text. These features are intended to communicate with families in the method they prefer.

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

No.

6. Optional: Attach any additional documents here.

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