



State and Local Entities Use a Variety of Means to Inform Parents About KidCare

at a glance

Several entities are responsible for administering the Florida KidCare Program. These include the Agency for Health Care Administration, the Department of Children and Families, the Department of Health, and the Florida Healthy Kids Corporation.

The state does not directly fund outreach activities for the Florida KidCare Program. Efforts to inform parents and caregivers about the program are conducted by local entities and state agency staff, and these outreach activities do not vary substantially between the counties with high and low rates of uninsured children. Factors other than outreach have a significant influence on the rates of uninsured children.

The Legislature could consider several options for increasing enrollment and encouraging retention in the Florida KidCare Program, such as providing limited non-recurring funding to support local outreach efforts or modifying the program's administrative requirements. However, while efforts to increase enrollment could generate additional federal funding, they could require a significant investment of state funds.

Scope

As directed by the Legislature, OPPAGA reviewed the outreach efforts of the Florida KidCare Program and addressed five questions.¹

- What state-level entities are responsible for administering the Florida KidCare Program and what are their roles?
- What outreach activities are conducted to inform parents and caregivers of eligible children about the program and encourage retention?
- How are outreach activities coordinated at the state and local levels?
- What outreach practices are used in counties with high and low rates of uninsured children?
- What options could the Legislature consider to increase enrollment and encourage retention in the program?

Background

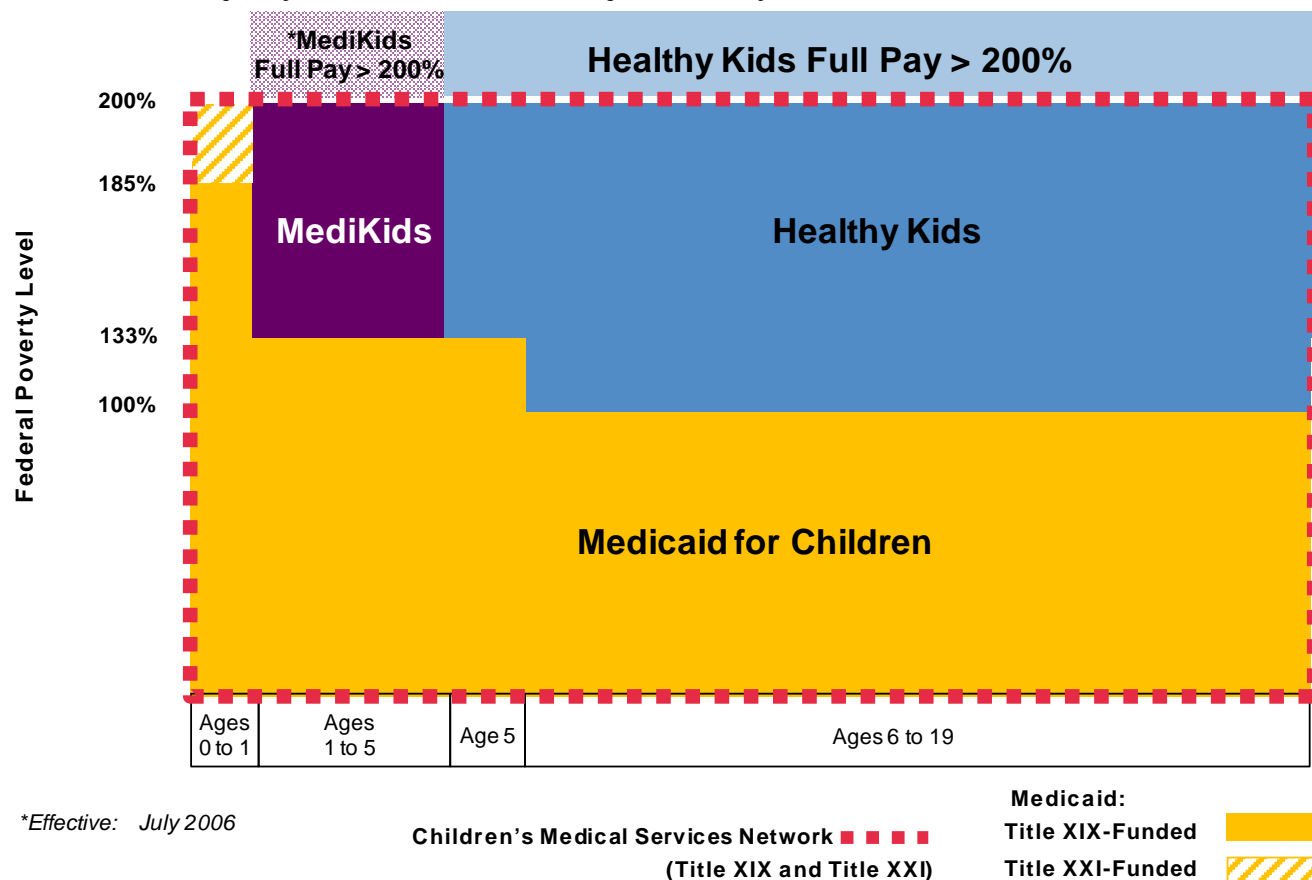
The Florida KidCare Program is a partnership among three state agencies and the non-profit Florida Healthy Kids Corporation to provide health care services to children.² The program has four components: Medicaid, MediKids, Healthy Kids, and the Children's Medical Services Network. As shown in Exhibit 1, children's eligibility for the various program components depends on their age, family income, and in some cases their medical needs.

¹ Chapter 2009-211, *Laws of Florida*.

² The three state agencies are the Agency for Health Care Administration, the Department of Children and Families, and the Department of Health.

Exhibit 1

Florida KidCare Eligibility Varies Based on Client Age and Family Income



Source: Florida KidCare Coordinating Council.

Medicaid covers eligible children from birth to age 19 whose family income is up to 200% of the federal poverty level; financial eligibility requirements vary based on the child's age (see Exhibit 1). The program serves children from birth to age 1 whose family income is at or below 200% of the federal poverty level, children ages 1 to 6 whose family income is at or below 133% of the federal poverty level, and children ages 6 to 19 whose family income is at or below 100% of the federal poverty level.

Medicaid provides a comprehensive array of benefits including dental, transportation, and home and community-based services.³ This

³ Home and community-based services are provided to participants who meet certain criteria. States can apply to the federal Centers for Medicare and Medicaid Services for a waiver to serve designated target populations by offering a broad array of services that are not otherwise covered under

program, created by Title XIX of the federal Social Security Act, is considered to be an entitlement. However, children from birth to age one whose family income is above 185% but at or below 200% of the poverty level are covered by Medicaid as an optional group.⁴ Funding to serve children in this group is authorized under Title XXI of the Social Security Act. The Agency for Health Care Administration (AHCA) administers the Medicaid Program.

MediKids covers children ages one to five whose family income is between 134% and

Medicaid but can help prevent clients from entering institutional care.

⁴ The federal government gives states the flexibility to expand the Medicaid program. For example, states can expand coverage to include federally approved optional services or to serve optional groups of individuals.

200% of the federal poverty level. MediKids is authorized by Title XXI of the Social Security Act, and requires enrollees to pay a \$15-20 monthly premium.^{5,6} Although MediKids is not an entitlement program, participants receive most Medicaid services, including immunizations, dental, and transportation, but do not receive the additional services provided by Medicaid waiver programs. AHCA administers the MediKids program.

Healthy Kids covers children between the ages of 5 and 19 whose family income is above the Medicaid limits, but equal to or below 200% of the federal poverty level. Like MediKids, Healthy Kids is a non-entitlement program authorized by Title XXI of the Social Security Act and participants must pay a \$15-20 monthly premium per family.⁷ The Florida Healthy Kids Corporation administers the program under contract with AHCA. In addition to overseeing the contract with the corporation, AHCA performs some administrative duties for the program.

Children's Medical Services Network within the Department of Health serves children from birth through age 18 who have special health care needs and meet the program's clinical eligibility guidelines. The program serves qualifying children whose family income is at or below 200% of the federal poverty level, and services may be covered through Title XIX (Medicaid) or Title XXI (MediKids or Healthy Kids) of the Social Security Act. The Children's Medical Services Network provides Medicaid benefits including early intervention and

screening, as well as long-term care for medically complex, fragile children.

The Legislature initially provided funds for Florida KidCare outreach activities. The Legislature provided funding for outreach activities for several years after the Florida KidCare Program was established to inform parents and caregivers of eligible children about the program. The Legislature appropriated \$9.8 million to the Department of Health for outreach in Fiscal Year 2000-01, with funding declining to \$5.3 million in Fiscal Year 2002-03.⁸ The Legislature eliminated the department's funding for outreach activities in 2003 and eliminated the statutory requirement for the department to provide outreach in 2004. Subsequently, the Legislature appropriated \$1 million in non-recurring general revenue to the Florida Healthy Kids Corporation for outreach in Fiscal Years 2005-06 through 2007-08. Since that time, the Legislature has not appropriated funds specifically for outreach, and state and local agencies have used funds available through their existing resources to conduct these activities.

The University of South Florida's Covering Kids and Families project has received private and federal funding to support outreach activities. This project is a statewide initiative to ensure that all eligible children and families are enrolled in Medicaid and the state's Children's Health Insurance Program (Florida KidCare). Between 1999 and 2006, the project received \$2 million in funding from the Robert Wood Johnson Foundation. The project also received a grant of \$988,177 from the federal Centers for Medicare and Medicaid Services in September 2009 to support local outreach efforts during federal fiscal years 2009-10 and 2010-11.

⁵ The monthly premium for children enrolled in the Title XXI components of Florida KidCare is \$15 for families at or below 150% of the federal poverty level, and \$20 for families with incomes from 151% to 200% of the federal poverty level. These are per-family premiums, regardless of the number of children in the family enrolled.

⁶ In addition, families whose incomes exceed 200% of the federal poverty level are offered a full-pay premium option, which is \$159 per child per month for MediKids and \$128 per child per month for Healthy Kids.

⁷ As noted above, Healthy Kids offers a full pay premium option to families when incomes exceed 200% of the federal poverty level.

⁸ Funding for outreach was \$5.6 million in Fiscal Year 1998-99, \$7 million in 1999-00, \$9.8 million in Fiscal Year 2000-01, \$7.2 million in Fiscal Year 2001-02, and \$5.3 million in Fiscal Year 2002-03. Most of this funding was derived from federal sources. Sources of funding included non-recurring Title XIX Medicaid enhanced funds, Title XXI State Children's Health Insurance Program (SCHIP) funds, general revenue, and tobacco settlement funds.

Questions

What state-level entities are responsible for administering the Florida KidCare Program and what are their roles?

Several entities are responsible for administering the Florida KidCare Program, including the Agency for Health Care Administration (AHCA), the Department of Children and Families, the Department of Health, and the Florida Healthy Kids Corporation, which operates under contract with AHCA. These entities play different roles, including estimating future caseloads and expenditures, conducting eligibility determination, providing services, and participating in various councils and task forces to make recommendations and coordinate activities. Appendix A summarizes the responsibilities of these entities.

The Social Services Estimating Conference estimates Florida KidCare caseload and expenditures. The conference develops consensus estimates of caseloads and expenditures for Florida KidCare and Medicaid. The conference meets multiple times a year and includes representatives from the House and Senate, the Executive Office of the Governor, the Office of Economic and Demographic Research, and the entities responsible for managing the programs under discussion.

To prepare for these meetings, the entities responsible for managing each program develop estimates of enrollment for the coming year. Thus, the Florida Healthy Kids Corporation uses historical data to estimate future caseload and expenditure growth for the Healthy Kids program, while AHCA estimates enrollment for Medicaid and MediKids, and the Department of Health provides estimates for the Children's Medical Services Network. During meetings, each agency presents its estimates to meeting participants, who discuss the assumptions used in the estimates and whether to accept or

amend the estimates. Participants must reach a consensus on these issues. Once consensus is reached, the estimates are used by the Governor's Office, the House, and the Senate in the state budgeting process.

The entities that administer the various components of the Florida KidCare Program perform eligibility determination and oversee service provision. Accordingly, eligibility determination for Medicaid and the portion of the Children's Medical Services Network that is funded by Medicaid is conducted by the Department of Children and Families.⁹ The Florida Healthy Kids Corporation determines eligibility for MediKids, Healthy Kids, and the portion of the Children's Medical Services Network that serves children whose family income is above the Medicaid thresholds but at or below 200% of the federal poverty level. The Department of Health conducts an additional eligibility determination for the Children's Medical Services Network by assessing whether applicants meet this program's clinical requirements (such as whether a child is diagnosed with cystic fibrosis).

Once children are enrolled, different entities are responsible for overseeing service provision. The Agency for Health Care Administration contracts with MediPass providers and managed care organizations to provide services to children who are enrolled in Medicaid and MediKids.¹⁰ These children's families select a MediPass provider or managed care organization in their area that will oversee their medical services.

⁹ This includes reviewing documentation and other sources of information to verify whether applicants meet the income eligibility and other requirements for each program; in some cases eligibility determination may include verifying applicants' citizenship.

¹⁰ MediPass is a primary care case management program in which clients select or are assigned a primary care physician who is responsible for providing primary care and referring patients for specialized services. The state pays the physician a monthly case management fee for each client in addition to fee-for-service reimbursement for each service they provide.

The Florida Healthy Kids Corporation contracts with local managed care organizations to oversee the provision of medical services to children enrolled in the Healthy Kids component. These children automatically are assigned to a managed care organization when they enroll in Healthy Kids, and receive their care through a medical provider that participates in this managed care organization.¹¹

The Department of Health's Children's Medical Services Network approves medical providers to participate in this program's network. When children enroll in the program, they receive a care plan and are assigned a care coordinator who works with the child's parents and doctors to arrange needed care. Medical services are provided at community doctors' offices and hospitals, local specialty medical clinics, and university medical centers.

As applicable, the entities participate in the four councils and task forces described below to make recommendations and coordinate program activities.

- **The Florida KidCare Coordinating Council**, established by the Legislature, makes recommendations to the Governor, Florida Legislature, and Florida's Congressional Delegation concerning the implementation and operation of the Florida KidCare Program.¹² The council is composed of child advocates and representatives of health care providers, health insurers, state universities, AHCA, the Department of Children and Families, the Department of Health, the Department of Education, and the Florida Healthy Kids Corporation.
- The Executive Office of the Governor created the **KidCare Outreach Team** to

discuss and coordinate program outreach strategies. This task force includes representatives of AHCA, the Department of Children and Families, the Department of Health, the Department of Education, and the Florida Healthy Kids Corporation.¹³

- **The Florida Covering Kids and Families Coalition** provides a forum for identifying concerns and ideas related to the program such as reducing the number of uninsured children. The coalition includes representatives of AHCA, the Department of Children and Families, the Department of Health, the Florida Healthy Kids Corporation, state universities, health insurers, various local entities, and interested parents of Florida KidCare participants.¹⁴
- **The Florida Coordinated School Health Partnership**, sponsored by the Department of Education and the Department of Health, works to improve the health and wellness of Florida students and staff.¹⁵ One of the Partnership's goals is to decrease school absenteeism and increase attendance by working with other entities to promote and enroll children into the Florida KidCare Program.

What outreach activities are conducted to inform parents and caregivers of eligible children about the program and encourage retention?

Parents and caregivers often learn about the Florida KidCare Program through a variety of promotional efforts conducted by local entities and state agency staff. State entities also provide media and organizational support for local efforts. To encourage retention, parents

¹¹ The Florida Healthy Kids Corporation contracts with health managed care organizations to serve children in all 67 Florida counties. In five counties (Broward, Hillsborough, Miami-Dade, Orange, and Palm Beach), the corporation has contracts with multiple managed care organizations. Children in these counties have 90 days to switch to another health plan after being automatically assigned a plan during enrollment.

¹² Section 409.818(2)(b), *F.S.*

¹³ Other involved entities are the Agency for Workforce Innovation, Covering Kids and Families, and Volunteer Florida.

¹⁴ The coalition is operated by the University of South Florida's Covering Kids and Families project.

¹⁵ The partnership comprises representatives of professional associations, foundations, not-for-profit organizations, businesses, insurers, and health and education organizations.

and caregivers receive some on-going support and information from state and local entities.

Local organizations and state agency staff conduct a variety of outreach activities to notify parents and caregivers about Florida KidCare. These organizations include local coalitions, children's services councils, and other local entities that focus on children's issues.¹⁶ State agency staff conduct and participate in local outreach efforts, including staff at county health departments, Children's Medical Services Network area offices, Department of Children and Families circuit offices, and AHCA area offices.¹⁷

These outreach efforts typically are tailored to meet the needs of local communities, and include both ongoing efforts as well as special events. Ongoing efforts often involve displaying information and distributing informational flyers about Florida KidCare at locations such as physician offices that are frequented by parents. Local entities and state agency staff also participate in special events such as health fairs, cultural festivals, Back to School activities, and school events to inform parents/caregivers of potentially eligible children about the program. In addition, some entities help families complete KidCare applications. For example, in Miami-Dade County, the Children's Trust operates a van that travels throughout the county to reach potentially eligible families, and its staff assists families with the program's application process.

State entities conduct some outreach activities, and provide media and organizational support for local efforts. While most outreach efforts are done at the local level, the Florida Healthy Kids Corporation supplements these activities. During Fiscal Year 2009-10, the corporation is providing 'mini-grants' to organizations and parent-teacher groups to conduct outreach; administering a promotional billboard contest

among the state's middle and high school students; providing information to human resources offices across the state; and funding positions at two school districts to provide local families with assistance in completing applications.

In addition, the Florida Healthy Kids Corporation, AHCA, the Department of Children and Families, and the Department of Health provide some media and organizational support for local outreach. These entities also work together to coordinate their support of outreach activities. For example, in August 2009, they hosted a press conference at the Florida Capitol to begin the annual Florida KidCare Back to School Campaign, in which school districts provide families with information about the program.¹⁸ The Department of Education supports these efforts by acting as a liaison between the school districts and the corporation. The state agencies also provide outreach supplies for local entities. For example, AHCA has distributed notepads printed with the Florida KidCare website and phone number.

Local and state entities provide some retention-focused support to parents and caregivers. State and local entities and relevant literature indicate that retention is a significant problem for the program. Once enrolled, children often drop out of the program because their families do not pay premiums on time or submit documentation to renew coverage. The Children's Medical Services Network has care coordinators that encourage families to pay their premiums on time or in advance if possible. The care coordinators also contact families whose children are at risk of losing coverage and encourage them to take action to prevent their children from leaving the program. The other program components do not have care coordinator staff that perform these retention

¹⁶ Local coalitions are organizations that focus on the health and well-being of Florida children and choose to conduct outreach for the Florida KidCare Program in their communities.

¹⁷ The Department of Children and Families has 25 outreach coordinators located in its 20 circuits.

¹⁸ As part of the annual campaign, the corporation provides information to Voluntary Pre-Kindergarten providers and schools for distribution to families.

activities. However, when children are at risk of disenrollment from the Title XXI-funded components of Florida KidCare, the corporation notifies the families using means such as letters, emails, and calls through an auto-dialer system. Some other state and local entities, when assisting families with completing applications, explain the importance of paying premiums on time and advise pre-payment when possible.¹⁹

How are outreach activities coordinated at the state and local levels?

The Executive Office of the Governor, AHCA, and the Florida Healthy Kids Corporation coordinate state support for local outreach. Organizations use varying means to coordinate outreach activities at the local/regional level.

The Governor's KidCare Outreach Team and the Covering Kids and Families project are the primary means of coordinating outreach at the state level. Beginning in 2007, the Executive Office of the Governor established a KidCare Outreach Team that includes the state-level organizations that administer the Florida KidCare Program, along with other state agencies that assist with outreach. At these meetings, participants discuss outreach efforts and ways to work together and leverage resources to make the activities successful.

The Covering Kids and Families project also coordinates state-level outreach through contracts with AHCA and the Florida Healthy Kids Corporation. AHCA is using \$200,000 from Medicaid contracted services funds during Fiscal Year 2009-10 to contract with Covering Kids and Families for outreach activities.²⁰ Through this arrangement, Covering Kids and Families creates community-based coalitions to promote and sustain enrollment in Florida KidCare, develops partnerships with businesses, and

provides training and technical assistance on successful outreach strategies.

The Florida Healthy Kids Corporation also has established a \$150,000 contract with the Covering Kids and Families project to coordinate local outreach activities. Through this contract, the project provides technical assistance to local entities and recommends organizations to the corporation for outreach funding.

Organizations use varying means to coordinate outreach activities at the local level. Some areas of the state have established community planning groups to address child health issues. These groups, such as Whole Child Martin, Hamilton Healthcare Planning Group, and Madison County's Healthy Start Shared Services Meeting, plan and conduct Florida KidCare outreach as a part of their missions to improve the health of children in their local communities.

Representatives of such local entities told us that they partner on an as-needed basis to maximize their outreach resources. These efforts include providing information during local events and cooperating in providing information to shared target populations. For example, the Collier County Health Department has partnered with the county library system to distribute brochures about the program at local media centers.

What outreach practices are used in counties with high and low rates of uninsured children?

We did not identify significant differences in the outreach efforts conducted in counties with high rates of uninsured children and those with lower rates. Both use similar outreach practices. Factors other than outreach can have a significant influence on the rates of uninsured children.

Entities conduct a wide range of outreach activities to reach the intended population at the local level. We examined outreach efforts in 11 Florida counties to determine whether outreach practices differ between counties with

¹⁹ In some areas of the state, local entities provide Health Navigators and Whole Child Advisors to assist families in accessing and applying for services available in the community.

²⁰ AHCA has been contracting with Covering Kids and Families for outreach activities since 2007.

high rates of uninsured children and those with lower rates. These included the five counties with the highest rates of health insurance for children under age 19 with family incomes below 200% of the federal poverty level, according to 2006 estimates from the U.S. Census Bureau (the most recent data available), the five counties with the lowest insurance rates, and one county in the middle of this range.²¹ In each county, we interviewed administrators of county health departments, Children's Medical Services Network area offices, and where applicable, local coalitions, children's services councils, and organizations receiving mini-grants from the corporation.

We did not identify significant differences between the groups of counties in the types and extent of outreach they conduct. Representatives of organizations located in both counties in which insurance rates are high and those in which rates are low reported performing multiple public education activities and coordinating outreach efforts at local events. In many cases, this outreach is done by organizations that do not have dedicated KidCare outreach funding but have a child-focused mission and promote a variety of issues related to child well-being. For example, some county health departments have provided information about Florida KidCare when giving out bike helmets during Bike Safety events.

We also identified counties at each end of the range of insurance rates in which local entities reported fewer outreach activities, restricting their efforts to health fairs and activities in cooperation with the local school district. Representatives in these counties often cited limited resources and/or other local priorities as

reasons for conducting limited KidCare outreach.

Several factors influence enrollment and retention in children's health insurance programs. Published research and state and local stakeholders indicate that several factors influence the rates of uninsured children in a given location. These issues include cultural differences, challenges in providing services in rural locations, and administrative barriers.

Research indicates that cultural differences can be a barrier to insurance enrollment, particularly for families whose first language is not English and immigrants who may be concerned that using health care services will jeopardize their residency status. Also, some cultures consider health issues to be a family matter upon which government should not intrude.

Many local organizations we contacted reported that enrolling families in Florida KidCare is challenging in rural counties. These counties may have limited health care providers that participate in the programs.

Local organizations and research also cited administrative barriers to enrollment. These include program changes that shortened eligibility periods, required more frequent renewal, and increased documentation requirements for eligibility determination. Some of these program changes were designed to reduce administrative costs and prevent fraud but also made it more difficult for families to access program services.

What options could the Legislature consider to increase enrollment and encourage retention in the program?

The Legislature could consider several options for increasing enrollment and encouraging retention in Florida KidCare. However, while efforts to increase enrollment could generate additional federal funding, they could require a significant investment of state funds.

²¹ The counties with the highest rates of health insurance for children under age 19 with family incomes below 200% of the federal poverty level were Hamilton, Holmes, Madison, Putnam, and Taylor counties. The five counties with the lowest insurance rates were Collier, Glades, Martin, Monroe, and St. Johns counties. Miami-Dade County was in the middle of the range.

The Legislature could provide funding to support local outreach efforts. Literature indicates that community-based outreach and person-to-person contact are important to both increasing enrollment in health care insurance and retaining families in these programs. If the Legislature chose to allocate a limited amount of non-recurring funds to support local outreach efforts, it could consider the options described below.

- Fund Health Navigator positions in county health departments. Health Navigators help families access and apply for services such as Florida KidCare. One county that currently has such a position reports that its annual salary and benefit costs are approximately \$35,000. These positions could be shared by multiple county health departments or be piloted at selected sites throughout the state.
- Fund a state-level position to coordinate local outreach efforts. This position could coordinate and monitor outreach efforts throughout the state to ensure that resources are targeted at areas of highest need.
- Reinstate funding for local outreach efforts. In prior years, the Legislature appropriated between \$5.3 million to \$9.8 million to fund outreach projects throughout the state.

The Legislature could modify Florida KidCare's administrative requirements, which could result in additional federal funding but also require a significant investment of state funds. The federal government offers bonus payments to states that implement at least five of eight specified strategies to increase children's health insurance enrollment. Florida is currently using two of these strategies.²² Implementing at least three of the remaining strategies, along with meeting the enrollment target specified in federal law, could make

Florida eligible for a federal bonus payment. The six additional strategies are described below.

- Provide for 12 months of continuous coverage for Medicaid for children ages 5 to 19. Florida currently provides only six months of continuous coverage.
- Provide joint application and information verification processes for Medicaid and Children's Health Insurance Programs. The Florida Healthy Kids Corporation currently uses a single application to begin the eligibility determination process for all Florida KidCare components. State officials have been making other changes to implement this strategy. However, because the notifications that the programs send to families differ, Florida is not considered as fully using the strategy.
- Provide for administrative or *ex parte* renewals. This generally refers to a process by which the state would attempt to renew children's eligibility based on information it already has through other programs' records or data bases, such as wage and labor records, to verify ongoing eligibility.
- Establish presumptive eligibility, which would allow children to begin receiving services while eligibility is being determined.
- Provide express lane eligibility. This is a new federal option created by the federal Children's Health Insurance Program Reauthorization Act that allows states to use information collected to determine eligibility for other public programs to determine whether a child satisfies one or more eligibility components for Children's Health Insurance Programs. For example, to qualify children for Florida KidCare, Florida could use information collected for the Supplemental Nutrition Assistance Program (formerly called Food Stamps),

²² The two strategies Florida uses are to not require families to provide asset documentation when applying for Florida KidCare and to not require a face-to-face interview at the time of application.

Head Start, or free or reduced cost school lunches.²³

- Offer a premium assistance option. This option enables states to subsidize qualified group health and employer-sponsored coverage using Children's Health Insurance Program funds.

The amount of federal funds that Florida could receive by making such changes is uncertain because the factors used in the bonus calculation formula change over time. These factors include the average number of unduplicated children enrolled in Medicaid, the annual cost for these children, and the state's Federal Medical Assistance Percentage. Medicaid caseloads have recently experienced a significant increase, which contributes to the uncertainty of the estimates. The Florida Healthy Kids Corporation has developed preliminary 2009 estimates ranging from \$683,000 to \$13 million.

Modifying the Florida KidCare Program's administrative requirements could potentially increase enrollment and retention of eligible children and improve their access to health care. Establishing continuous coverage and streamlining enrollment and retention processes also could reduce the state's administrative costs for processing applications and renewals. These options could also encourage managed care plans to participate in Medicaid by providing more stable enrollment.

However, implementing these strategies has fiscal risks. The federal bonus proposal would reimburse states after they implement the strategies, some of which could result in significant short- and long-term state costs.

²³ In September 2009, the Florida Healthy Kids Corporation began accepting the Department of Children and Families' eligibility determination decisions rather than requesting additional information on income. This occurs when the department determines a child is not eligible for Medicaid and sends the application to the corporation to assess for Healthy Kids eligibility. The state currently is awaiting the federal Centers for Medicare and Medicaid Services' final approval of this process through a State Plan Amendment, as well as whether the revised process would be considered Express Lane eligibility to qualify for the federal bonus payment.

Although state officials have not projected costs for all of the six additional strategies, they have estimated that it would cost \$63 million to implement presumptive eligibility, \$21 million to implement 12 months of continuous coverage for Medicaid, and \$165,000 to implement express lane eligibility.²⁴ Thus, implementation costs could exceed the amount of additional federal funding.

Attracting more families to Florida KidCare also would likely result in increasing the number of children who are served in the Medicaid component, which is an entitlement program. It is estimated that two-thirds of the children for whom parents seek KidCare enrollment are eligible for Medicaid; the state is currently facing a \$1.7 billion projected deficit for the Medicaid program.

Because Congress is currently considering health care reform bills that could significantly change eligibility and federal support for state Children's Health Insurance Programs, there is additional uncertainty to projections of possible fiscal impact.

Agency Response —

A draft of our report was submitted to the Secretary of the Agency for Health Care Administration, Secretary of the Department of Children and Families, Commissioner of the Department of Education, and the Secretary of the Department of Health for review and comments. A formal response was not required, although some of the agencies provided comments which were considered in the final version of the report. The Agency for Health Care Administration provided a formal response to the report which is available on page 12.

²⁴ Program administrators projected these costs based on assumptions such as changes in technology and processes and the extent to which children may receive services for which they are not eligible.

Appendix A

Selected State Agency Responsibilities for Administering the Florida KidCare Program

Several entities administer the Florida KidCare Program, including the Agency for Health Care Administration, the Department of Children and Families, the Department of Health, and the Florida Healthy Kids Corporation, which acts under contract with the Agency for Health Care Administration. Exhibit A-1 shows the roles these organizations play in estimating caseloads and expenditures, conducting eligibility determinations, providing services, participating in councils and task forces that make recommendations and coordinate activities, and conducting program outreach.

Exhibit A-1

Three State Agencies and the Florida Healthy Kids Corporation Are Responsible for Administering the Florida KidCare Program

Agency for Health Care Administration AHCA	Department of Children & Families DCF	Department of Health DOH	Florida Healthy Kids Corporation FHKC
Assists in estimating future caseloads and expenditures by developing estimates of enrollment growth for the Medicaid and MediKids components.	Determines financial and technical eligibility for Medicaid and the Medicaid-funded portion of Children's Medical Services.	Assists in estimating future caseloads and expenditures by developing estimates of enrollment growth for the Children's Medical Services component.	Assists in estimating future caseloads and expenditures by developing estimates of enrollment growth for the Healthy Kids component.
Oversees contract with the Florida Healthy Kids Corporation.	Participates in the Florida KidCare Coordinating Council, an outreach task force, and a statewide coalition.	Determines clinical eligibility for Children's Medical Services component.	Determines financial and technical eligibility for MediKids, Healthy Kids, and the portion of Children's Medical Services not funded by Medicaid.
Administers services for the Medicaid and MediKids component through contracted MediPass and HMO providers.	Employs 25 Statewide Outreach Coordinators to attend events, conduct on-site enrollment, and sign up organizations to help conduct outreach for the Florida KidCare Program. ¹	Administers services for the Children's Medical Services component through its network of specialty providers.	Administers services for the Healthy Kids component through contracted HMO providers.
Participates in the Florida KidCare Coordinating Council, an outreach task force, and a statewide coalition.		Participates in the Florida KidCare Coordinating Council, an outreach task force, a statewide coalition, and the Florida Coordinated School Health Partnership.	Participates in the Florida KidCare Coordinating Council, an outreach task force, and a statewide coalition.
Provides support for local outreach efforts and area agency office staff participate in health fairs and provide information on the program to providers and pharmacies.		Operates a distribution center with materials such as posters, brochures, and bookmarks and area office staff participate in community events and provide on-going support and information to beneficiaries.	Conducts outreach activities such as: <ul style="list-style-type: none"> Distributing promotional items such as pencils, hand sanitizer, rulers, and band aids. Maintaining Florida KidCare event calendar. Contracting with Covering Kids and Families to recruit and maintain community partnerships to conduct outreach. Providing mini-grants to organizations and parent-teacher groups to conduct outreach. Administering a promotional billboard contest among the state's middle and high school students. Funding positions at two school districts to provide application assistance to local families. Providing information to human resources offices statewide. Coordinating an annual Back to School Campaign.

¹ One Department of Children and Families circuit office operates a telephone hotline for the Medicaid component of Florida KidCare.

Source: Florida KidCare Coordinating Council 2009 Report and OPPAGA analysis.



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

December 22, 2009

Gary R. VanLandingham, Director
Office of Program Policy Analysis and
Government Accountability
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

Thank you for the OPPAGA report entitled *State and Local Entities Use a Variety of Means to Inform Parents about KidCare*. The report provides a good overview and history of Florida KidCare outreach and marketing. The report accurately reflects the KidCare activities conducted by the KidCare partners, Covering Kids and Families and local organizations.

We feel that the KidCare partners have worked very well together coordinating outreach activity and accomplishing a great deal with minimal funding. This unified effort demonstrates how state and local government along with private organizations can work together for a common goal. We take pride in what we have done and hope the readers of your report will recognize and appreciate this wonderful and productive coordinated effort.

Thank you again for the opportunity to comment on the report. If you have any questions, please contact Gail Hansen, Program Administrator of the MediKids Unit, at (850) 922-7890.

Sincerely,

Thomas W. Arnold
Secretary

TWA/gh



The Florida Legislature

Office of Program Policy Analysis and Government Accountability



OPPAGA provides performance and accountability information about Florida government in several ways.

- Reports deliver program evaluation, policy analysis, and Sunset reviews of state programs to assist the Legislature in overseeing government operations, developing policy choices, and making Florida government better, faster, and cheaper.
 - PolicyCasts, short narrated slide presentations, provide bottom-line briefings of findings and recommendations for select reports.
 - Government Program Summaries (GPS), an online encyclopedia, www.oppaga.state.fl.us/government, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
 - The [Florida Monitor Weekly](#), an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
 - Visit OPPAGA's website at www.oppaga.state.fl.us
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OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

Project supervised by Becky Vickers (850/487-1316)
Project conducted by Kathleen Del Monte, Deanna Hamilton, Heather Orender, and Meg Bates
Gary R. VanLandingham, Ph.D., OPPAGA Director