Florida CARTS FY2024 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 of Medicaid Policy

6. Email:

Ann.Dalton@ahca.myflorida.com

7. Full mailing address:

Include city, state, and zip code.

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8. Phone number:

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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
- ◉ 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) does your state use?
Select all that apply.

- ☑ Managed Care
- ☐ Primary Care Case Management (PCCM)
- ☑ 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 allowed 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?

  $ 0

- ( ) 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		FPL ends at
133	→	158

Premium starts at		Premium ends at
$ 15	→	$ 15

FPL starts at		FPL ends at
158.01	→	210

Premium starts at		Premium ends at
$ 20	→	$ 20

○ No

4. Do your premiums differ for different, separate 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 (PCCM)
- [ ] Fee-for-Service

6. Which delivery system(s) are available to which separate 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
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ 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
- ◉ 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 enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

10. 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

11. 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

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

- ○ Yes
- ◉ No
- ○ N/A

13. Have you made any changes to eligibility for “lawfully residing pregnant individuals”?

- ○ Yes
- ◉ No
- ○ N/A

14. Have you made any changes to eligibility for “lawfully residing” children?

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ○ No
- ◉ N/A

17. Briefly describe why you made changes to your Medicaid expansion CHIP program (if applicable).

As a result of Federal legislative changes in the Consolidated Appropriations Act, of 2023, the Medicaid continuous coverage provision ended on March 31, 2023. The state followed federal guidance to restore Medicaid eligibility through normal processing while working to ensure eligible recipients remain enrolled. The Centers for Medicare and Medicaid Services (CMS) allowed state agencies up to 12 months to complete Medicaid reviews once the continuous coverage period ended. Florida undertook this task by scheduling and conducting redeterminations in a manner that met federal regulatory requirements while minimizing the impact on families.

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 enrollees?
For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ 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
- ◉ 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
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

10. Have you made any changes to the implementation of 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/procedures for the prevention, investigation, or referral of 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.

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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). The percent change column in the table below calculates the rate of growth in enrollment over the previous federal fiscal year by subtracting the previous fiscal year enrollment total from the current fiscal year enrollment total (B - A), and dividing that by the previous fiscal year total (A). 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 2023	Number of children enrolled in FFY 2024	Percent change
Medicaid Expansion CHIP	187,678	186,805	-0.465%
Separate CHIP	161,132	161,132	0%

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 (ACS).

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
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%
2022	158,000	13,000	3.6%	0.3%
2023	157,000	12,000	3.5%	0.3%

Change in the number of uninsured children between 2022 and 2023	Change in the percent of uninsured children between 2022 and 2023
-0.63%	-2.78%

2. Are there any reasons why the ACS 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

Program Outreach

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

- [x] Yes

1a. What are you doing differently?

Point-of-place advertising efforts have been leveraged in places like movie theaters, bowling alleys and malls, in an effort to reach families during their summertime activities, a season in which they may be online or using social media less often. Additionally, grocery store and gas station advertisements have been leveraged for similar purposes. All other outreach efforts have continued.

- [ ] No

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

- [x] 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 is 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. To reach families with uninsured children, the KidCare program has continued to optimize its budget to invest in better-preforming digital tactics, namely Google, Meta, Pinterest and other social media platforms. These efforts are tracked through digital advertising metrics, such as views, overall cost per thousand impressions (CMP), and total of completed applications and new enrollments. Paid search advertising continues to be the most effective and cost-effective digital tactic. Additional community outreach partners have been added to increase the number of person-to-person outreach opportunities across the State. In addition to in-person outreach, these partners make calls to partial applicants reminding them to complete the process and new families who are applying for the first time. Outreach partner efforts are measured by individuals' 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 continue to be the most fruitful. The similarities served create a pipeline of qualified leads.

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

No

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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

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
- (•) No
- ( ) N/A

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

- ( ) Yes
- (•) No
- ( ) N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

0.42 %

4. Does the state implement a waiting period in its separate CHIP?

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

No

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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

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
- [x] 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?

- (●) 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.

- ( ) 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?

No

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2024? This number should be equal to the total of reported numbers for questions 2-4 below.
Don't include applicants who are being considered for redetermination — these data will be collected in Part 3.

Please note: numbers reported in questions 2-4 of this part are a subset of the total reported in question 1. Therefore, the totals reported in questions 2-4 should be smaller than the number reported in question 1.

268732

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.

69973

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.

198670

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?
Please note this is a subset of the number reported for question 3, and that a smaller number should be reported here than the total provided in response to question 3.

67601

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

131069

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

Members can be denied multiple times within the reporting period. There will be members that will be counted more than once due to being applied for/denied multiple times.

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

	Percent
Total denials	100%
Denied for procedural reasons	26.04%
Denied for eligibility reasons	73.93%
Denials for other reasons	48.77%

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: no longer a resident of the state, or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2024?

114610

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

114610

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

109224

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.

4996

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

36

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.

4960

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

0

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

CHIP eligible members do not initially lose eligibility due to being eligible for a referral to Medicaid as part of the renewal process. In accordance with 42 CFR 457.350(g)(2) and 66 Federal Regulation 2548, children screened potentially eligible for Medicaid receive CHIP coverage up to 60 days, provided the child continues to meet all of the CHIP eligibility requirements.

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

	Percent
Children screened for redetermination	100%
Children retained after redetermination	95.3%
Children disenrolled after redetermination	4.36%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0.72%
Children disenrolled for eligibility reasons	99.28%
Children disenrolled for other reasons	0%

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 (such as no longer being a resident of the state, or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2024?

2359139

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

2359139

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

1794001

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.

565138

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

397977

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.

147954

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

19207

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

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

	Percent
Children screened for redetermination	100%
Children retained after redetermination	76.04%
Children disenrolled after redetermination	23.96%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	70.42%
Children disenrolled for eligibility reasons	26.18%
Children disenrolled for other reasons	3.4%

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 2024 (the second quarter of FFY 2024). 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 start a new cohort and report on the number of children at the start of the cohort (Jan–Mar 2024) and six months later (July–

Sept 2024). In the FFY 2025 report next year, you'll report on the same cohort at 12 months (Jan–Mar 2025) and 18 months later (July–Sept 2025). If the 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 2024. For example, if a child is four years old at the start of the cohort, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later as well.

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 2024 must be born after January 2008. Similarly, children who are newly enrolled in February 2024 must be born after February 2008, and children newly enrolled in March 2024 must be born after March 2008.

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 2024 weren't enrolled in CHIP in December 2023.

- 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 2024 weren't enrolled in CHIP or Medicaid in December 2023.

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 2024 (start of the cohort): to be completed this year

3. How many children were newly enrolled in CHIP between January and March 2024?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	7318	20037	11417

July - September 2024 (6 months later): to be completed this year

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	4751	12474	7077

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
0	18	38	27

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
0	<11	14	<11

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	914	2867	1685

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
0	90	254	145

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

Based on the criteria given in introductory text under Part 5, some children are Newly Enrolled for January 2024, Not Enrolled for February 2024, and then Newly Enrolled for March 2024, and these children are counted twice in the reports.

January - March 2025 (12 months later): to be completed next year.
This year, please 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:
- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- 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 2025 (18 months later): to be completed next year.
This year, please 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:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• 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 2024 (the second quarter of FFY 2024). 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 start a new cohort and report on the number of children at the start of the cohort (Jan–Mar 2024) and six months later (July–Sept 2024). In the FFY 2025 report next year, you'll report on the same cohort at 12 months (Jan–Mar 2025) and 18 months later (July–Sept 2025). 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 2024. For example, if a child is four years old at the start of the cohort, 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 2024 must be born after January 2008. Similarly, children who are newly enrolled in February 2024 must be born after February 2008, and children newly enrolled in March 2024 must be born after March 2008.

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 2024 weren't enrolled in Medicaid in December 2023.

○ 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 2024 weren't enrolled in CHIP or Medicaid in December 2023.

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 2024 (start of the cohort): to be completed this year.

3. How many children were newly enrolled in Medicaid between January and March 2024?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
46007	29784	42411	23230

July - September 2024 (6 months later): to be completed this year.

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
33948	27231	39133	21449

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
2875	268	381	173

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
0	0	0	0

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
8771	2260	2835	1573

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
0	0	0	0

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

January - March 2025 (12 months later): to be completed next year.
This year, please 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:
- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- 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 2025 (18 months later): to be completed next year
This year, please 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:
• Transferred to another health insurance program other than Medicaid
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• 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 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
- ◉ No

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

- ○ Yes
- ◉ No

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

No

9. 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

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
- ◉ 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
- ◉ No

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

- ( ) Yes
- (•) No

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

- ( ) Yes
- (•) No

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

As it pertains to eligibility and the Title XXI Florida KidCare programs, the Florida Healthy Kids Corporation relies on guidance from subsections 409.814(11) and (12), Florida Statutes, which set forth the requirements for fraud and abuse prevention, investigation, and response in the event eligibility fraud and abuse is determined to have occurred. Additionally, as the central eligibility processor for the non-Medicaid components of Florida KidCare, the Florida Healthy Kids Corporation's eligibility review team research 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, and anonymous report.

5. Do the managed care plans contracted by your separate CHIP program have written plans with safeguards and procedures in place?

- (●) 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 for compliance include 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 2024?

0

7. How many cases have been found in favor of the beneficiary in FFY 2024?

0

8. How many cases related to provider credentialing were investigated in FFY 2024?

2

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2024?

1

10. How many cases related to provider billing were investigated in FFY 2024?

77

11. How many cases related to provider billing were referred to appropriate law enforcement officials in FFY 2024?

10

12. How many cases related to beneficiary eligibility were investigated in FFY 2024?

0

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2024?

0

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?

No

18. 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

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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).

Helpful hint 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.

- (●) Yes
- ( ) No

2. How many children were enrolled in separate CHIP for at least 90 continuous days during FFY 2024?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	2017	9733	25603	41624	35302

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 2024?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	411	3792	13756	21465	14594

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 preventive dental care service during FFY 2024?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	396	3598	13060	20232	13043

Preventive 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 D1000–D1999 (or equivalent CDT codes D1000–D1999, 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 2024?
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
<11	77	994	5223	7448	5684

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 2024?

3672

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.

No

9. 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

CAHPS Survey Results

Section 2108(e)(4) of the Social Security Act requires that all States annually submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. Beginning with the 2024 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?

- (●) Yes

  1a. Did you submit your raw CAHPS data to the AHRQ CAHPS database? Please note this is a requirement beginning 2024 for CAHPS reporting.
  If you did not complete the CAHPS survey, please complete Part 2.

  - (●) Yes
  - ( ) No

- ( ) No

Part 2: You didn't collect the CAHPS survey

Health Services Initiatives (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 HSIs 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.

Part 1:

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."

- (●) Yes
- ( ) No

Part 2:

Please answer the following questions for all of the state's approved HSIs as listed in section 2.2 of the CHIP state plan.

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 aged 4 through 18 years of age (prekindergarten through 12th grade) in 67 Florida county public school districts.

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

719035

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

Computed:

CARTS will auto-calculate the percent of children served by your HSI program who are below the CHIP FPL

[Skip questions 6–8 if you're already reporting HSI metrics and outcomes to CMS through a monthly or quarterly CMS Lead HSI reporting template.]

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.

School health services program in Florida provide various health services to students at school. These include: Nursing assessments and individualized healthcare plan; First aid and emergency health services; Sick care, medication administration, and medical procedures and treatments; Immunizations follow-up and referrals to primary or specialty health services; Health education and screenings for vision, hearing, scoliosis, and growth and development. The Department monitors and reports these services annually in the School Health Data Summaries. One of the indicators of programs impact is the percentage of students who receive screening services. The state requires local School Health Services Programs to Screen: 95% of students in kindergarten (KG), 1st, 3rd and 6th grades for visual health barriers to learning; 95% of students in KG, 1st and 6th grades for hearing related health barriers to learning; 95% of students in 6th grade for scoliosis; 95% of students in 1st, 3rd, and 6th grade for growth and development (body mass index screening).

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

Vision: 682,194 students, or 92.96% of the population were screened. 76,225, or 11% of the students required referral for further evaluation by a medical provider; Hearing: 500,991 students, or 93.55% of the population were screened. 14,552 or 2.9% of the students required referral for further evaluation by a medical provider; Scoliosis: 158,572 students, or 94.48% of the population were screened. 4,252 or 2.7% of the students required referral for further evaluation by a medical provider; Growth and development: 504,439 students, or 94.05% of the population were screened. 68,966 or 13.7% of students required for further evaluation by a medical provider.

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

The School Health Services Program in Florida provides care for many students with chronic and acute health conditions. The number of students served by the program depends on the data source used. One way to estimate for the number of students serviced is by counting the students in Comprehensive or Full-Service schools. Health status as an adult is directly linked to education attainment, and the School Health Services Program addresses health limitations to educational attainment. The program's core aim is to help students overcome health barriers to learning through the services it delivers, enabling students to achieve their full potential. The program uses CHIP (Title XXI) funds to support service delivery in schools throughout Florida, which supports 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

Does the state have additional HSIs to report?

Part 1: Tell us about your goals and objectives

Please tell us about the progress you've made on your performance goals in the past year. The strategic objectives and performance goals you add to this section should match those reflected in section 9 of your CHIP State Plan. If the performance goals and/or strategic objectives listed in your CHIP State Plan are not currently aligned with the performance goals and strategic objectives you report in this section of CARTS, please submit a CHIP State Plan Amendment (SPA) by the end of the State fiscal year to align them.

All states must report on at least one performance goal related to Objective 1 to reduce the number of uninsured children. Please report outcomes for any additional performance goals related to Objective 1 and any other strategic objectives the state collects (for example, increasing access to care or increasing the use of preventive care). Please specify one or more performance goals for each strategic objective identified. You can add additional strategic objectives and performance goals as needed to align with your CHIP State Plan. To add additional performance goals under a strategic objective, select the "Add another Goal" button.

Performance goals should be specific, measurable, attainable, relevant, and time-bound. We have provided example performance goals below. For each performance goal, please select if it is new, continuing, or a discontinued goal. All discontinued performance goals must be reported as "Discontinued goal" either for the final year that the State has collected data for the discontinued goal, or the following fiscal year but with no data reported. Please provide a brief explanation for each discontinued performance goal.

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 (5.1%). The U.S. Census Bureau's 2023 American Community Survey (ACS) estimates indicate that 7.6% of Florida's children were uninsured, so an attainable goal of 7.3% has been set for the coming year.

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 2023 ACS estimates who lack health insurance.

4. Numerator (total number)

351000

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 the age of 19 represented in the 2023 ACS estimates.

6. Denominator (total number)

4648000

Computed: 7.55%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2023

End

mm/yyyy

12 / 2023

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 increased by about .2 percentage points.

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

The State collaborates with community organizations and local schools to offer clear and concise information on the resources, enrollment process, and benefits of KidCare.

11. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

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

No

13. 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

Do you have another Goal 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 the number of members satisfied with their health care.

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

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5% annually over the next five years (ending in 2029).

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 2024 and 2025 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 in the population who rated their CHIP plan or program an “8”, “9”, or “10” on a 0-10 scale.

4. Numerator (total number)

1454

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Number of complete and eligible CAHPS survey respondents in the general population sample who answered this survey question.

6. Denominator (total number)

1743

Computed: 83.42%

7. What is the date range of your data?

Start
mm/yyyy

01 / 2023

End
mm/yyyy

12 / 2023

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 was 83.42%, which exceeded last year's goal of 81%. We hope to continue this progress into the next year and increase by an additional percentage point.

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. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

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

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

No.

13. 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

Do you have another Goal 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.

Improve the health status of children in Florida.

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.

To adhere to the established Guidelines for Health Supervision of Children and Youth as developed by the American Academy of Pediatrics (AAP), our goal is to increase the rate by one percentage point by FFY 2025 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 rural children who received one or more well child visits in the last federal fiscal year.

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

4. Numerator (total number)

53103

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)

76895

Computed: 69.06%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2023

End

mm/yyyy

12 / 2023

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 percentage of children who receive a well-child visit increased by 2.5 percentage points. The target goal for FFY 2024 will increase to 70%.

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

A strong rapport between patient and primary care provider may foster greater compliance with recommended well-child visits.

11. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

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

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

No.

13. 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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

Do you have another Goal in this list?

Optional

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

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

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 who received one or more well child visits in the last federal fiscal year.

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

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?

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

11. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

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

13. Do you have any supporting documentation?
Optional

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Choose Files No file chosen

Do you have another Goal in this list?

Optional

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

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

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?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

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?

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

11. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

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

13. 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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Choose Files No file chosen

Do you have another Goal in this list?
Optional

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

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

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?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

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?

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

11. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

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

13. Do you have any supporting documentation?
Optional

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Choose Files No file chosen

Do you have another Goal 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 disparities, 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.

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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

Tell us how much you spent on your CHIP program in FFY 2024, and how much you anticipate spending in FFY 2025 and 2026.

States with a combination program should combine costs for both Medicaid expansion CHIP and separate CHIP programs into one budget.

Part 1: Benefit Costs

1. How much did you spend on Managed Care in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 1,031,423,466	$ 1,125,747,554	$ 1,189,967,176

2. How much did you spend on fee-for-service in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 0	$ 0	$ 0

3. How much did you spend on anything else related to benefit costs in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 0	$ 0	$ 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 22,596,159	$ 23,773,936	$ 24,731,199

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

	FFY 2024	FFY 2025	FFY 2026
Managed Care	1031423466	1125747554	1189967176
Fee for Service	0	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	22596159	23773936	24731199
Total benefit costs	1008827307	1101973618	1165235977

Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?
This includes wages, salaries, and other employee costs.

2024	2025	2026
$ 0	$ 0	$ 0

2. How much did you spend on general administration in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 2,623,017	$ 2,717,687	$ 2,792,151

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 27,951,490	$ 30,728,846	$ 31,386,660

4. How much did you spend on claims processing in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 0	$ 0	$ 0

5. How much did you spend on outreach and marketing in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 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 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 16,570,476	$ 16,744,701	$ 16,895,576

7. How much did you spend on anything else related to administrative costs in FFY 2024? How much do you anticipate spending in FFY 2025 and 2026?

2024	2025	2026
$ 0	$ 0	$ 0

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 2024	FFY 2025	FFY 2026
Personnel	0	0	0
General administration	2623017	2717687	2792151
Contractors and brokers	27951490	30728846	31386660
Claims processing	0	0	0
Outreach and marketing	1200000	1200000	1200000
Health Services Initiatives (HSI)	16570476	16744701	16895576
Other administrative costs	0	0	0
Total administrative costs	48344983	51391234	52274387
10% administrative cap	112091923	122441513.11	129470664.11

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.
CMS will enter the eFMAP rates for each year and auto-calculate the total program costs, as well as the federal and state shares.

	FFY 2024	FFY 2025	FFY 2026
Total program costs	1057172290	1153364852	1217510364
eFMAP	70.57	70.02	Not Available
Federal share	746046485.05	807586069.37	Not Available
State share	311125804.95	345778782.63	Not Available

8. What were your state funding sources in FFY 2024?
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 2024? How many do you anticipate will be eligible in FFY 2025 and 2026?

2024	2025	2026
3185112	3296160	3381546

2. What was your per member per month (PMPM) cost based on the number of children eligible for managed care in FFY 2024? What is your projected PMPM cost for FFY 2025 and 2026?
Round to the nearest whole number.

2024	2025	2026
$ 324	$ 342	$ 352

	FFY 2024	FFY 2025	FFY 2026
PMPM cost	324	342	352

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 2024? How many do you anticipate will be eligible in FFY 2025 and 2026?

2024	2025	2026

2. What was your per member per month (PMPM) cost based on the number of children eligible for fee-for-service in FFY 2024? What is your projected PMPM cost for FFY 2025 and 2026?
Round to the nearest whole number.

2024	2025	2026
$	**$**	**$**

	FFY 2024	**FFY 2025**	**FFY 2026**
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.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Choose Files No file chosen

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 children and families. In June 2023, Governor Ron DeSantis signed into law House Bill 121 which increases the income eligibility threshold from 200% to 300% of the Federal Poverty Level.

2. What's the greatest challenge your CHIP program has faced in FFY 2024?

The greatest challenge the Florida CHIP faced in FFY 2024 was the lack of federal approval to implement Florida legislation passed in 2023 that would have resulted in a significant increase in CHIP enrollment (buy-in to CHIP and new CHIP applicants), as well as a significant reduction in monthly premiums for many current families.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2024?

portal, allowing parents to have more control over their Florida KidCare accounts. Through the portal, parents can easily apply, complete renewal, make payments, submit health and/or dental plans (as allowable under program rules), and much more. Developed with mobile-first principles, the parent portal is easily accessible on phones, tablets and computer screens alike. With more than 160,000 accounts created and a 95% satisfaction rating, the initiative has been a resounding success. Two new survey tools have been implemented to track and improve customer service and overall satisfaction with the program. Net Promoter Score surveys are a simple, one question survey tool gauging parents' likelihood of recommending Florida KidCare to their family and friends. Their answer, provided on 0-10 scale, offers insight into a customer's overall happiness with the program and services it provides. Secret shopper surveys have also been implemented to assess provider networks. Specifically, these surveys will evaluate provider participation, appointment availability, cultural competency, physical accessibility and language, helping us identify areas of improvement on our customer service experience.

4. What changes have you made to your CHIP program in FFY 2024 or plan to make in FFY 2025? Why have you decided to make these changes?

A new third-party administrator contract will go into effect during calendar year 2025 that will usher in several technological advances and upgrades. These upgrades will introduce new website chat functionality, increase reporting capabilities, reduce manual processes, and so much more.

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.

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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