

**Florida Children and Youth Cabinet
January 31, 2013
Headline Indicator Update
Access to Health Care**

Rich Robleto—Executive Director, Florida Healthy Kids Corporation
Diana Ragbeer—Director of Public Policy & Communications, The Children's Trust



History of Florida KidCare

- In 1997, Congress created the State Children's Health Insurance Program (SCHIP) also known as Title XXI of the Social Security Act
- States were provided with three options:
 - Expand Medicaid
 - Create or expand a separate program
 - Combination



www.floridakidcare.org • 1-888-540-5437

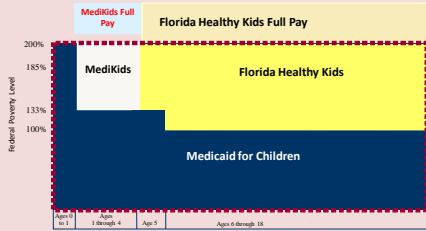
What is Florida KidCare

- Florida chose the 'Combination' option
- Florida KidCare is the state's low-cost, quality health insurance for children birth through 18 years old
- Created in 1998 by Legislature
- Four partners
 - CMSN
 - MediKids
 - Healthy Kids
 - Children's Medicaid



www.floridakidcare.org • 1-888-540-5437

Florida KidCare Eligibility



CMS Network



www.floridakidcare.org • 1-888-540-5437

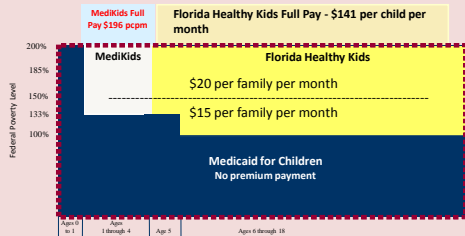
Florida KidCare Funding

- Medicaid is an Entitlement Program
 - Feds match each state \$1.00 with \$1.42
 - Program is funded 41.33% state and 58.67 % federal
- CHIP is a Block Grant Program
 - Feds match each state \$1.00 with \$2.48
 - Program is funded 28.85% state and 71.15% federal
 - Families contribute premium of \$15 or \$20 per month
- CHIP is authorized through 2019, funded through 2015



www.floridakidcare.org • 1-888-540-5437

Florida KidCare Premium Costs



CMS Network



www.floridakidcare.org • 1-888-540-5437

State of Florida's Uninsured

Child Population

- A Georgetown University's Health Policy Institute study reports that the state's number of uninsured children is approximately 475,112 or 11.9%
- Overall US child uninsurance rate is 7.5%
- Florida ranks 48th in nation for percentage of uninsured and 49th for number.
- Florida ranked first in the country for reducing the uninsured child rate from 2008 – 2010 and third from 2009 – 2011.



www.floridakidcare.org • +888-540-5437



Affordable Care Act

• Early Provisions

- Created interim high risk pool
- Required all child policies to be guaranteed issue

• 2014 Provisions

- Coverage mandate
- All policies guaranteed issue
- No policy maximums
- Expansion of Medicaid up to 133% of the FPL
 - Child policies Medicaid expansion upheld by Supreme Court
 - Adult policy expansion optional to the states
 - New populations funded at 100% federal for 3 years then 95%, then 90%
- Basic Health Plan option available for families 133% - 200% of the FPL
- Individual and small business marketplaces established up to 400% of the FPL

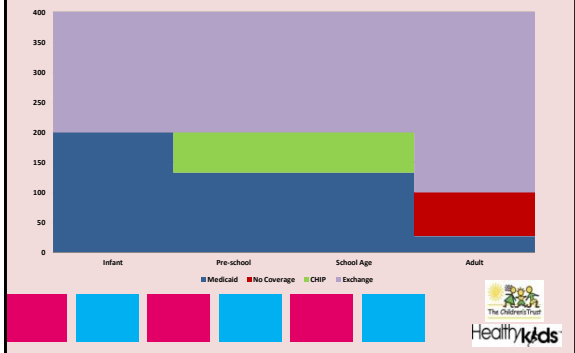


Subsidized Coverage Without Adult Medicaid Expansion

- Children: 0-133% FPL in Medicaid
 - Children funded at current match
- Children: 133-200% FPL in CHIP
 - Funded at current match
- Adults: 0-100% FPL – no program available
- Adults: 100 – 400% FPL and children >200% FPL eligible for subsidy in Exchange



Subsidized Coverage Without Expansion

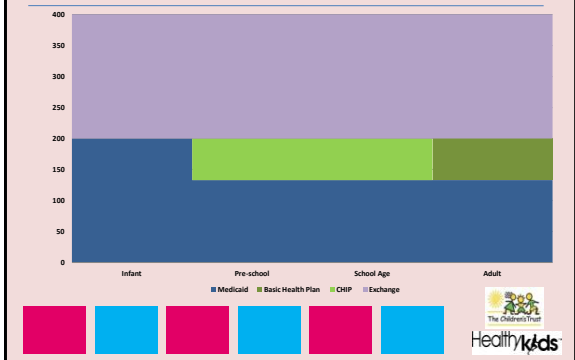


Subsidized Coverage with Medicaid Expansion and Basic Health Plan

- Families: 0-133% FPL in Medicaid
 - Children funded at current match
 - Other family members federally funded at 100% initially
 - Children: 133-200% FPL in CHIP
 - Funded at current match
 - Adults: 133 - 200% FPL eligible for optional BHP
- Adults and Children: 200 – 400% FPL eligible for subsidy in Exchange



Subsidized Coverage with Medicaid Expansion and Basic Health Plan



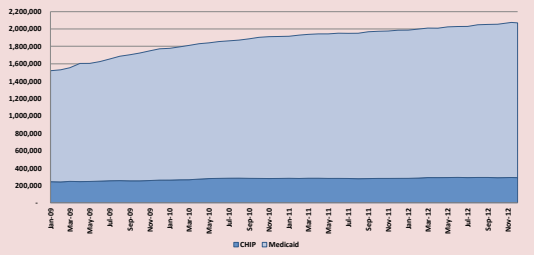
Successful Outreach Techniques

- A study by the National Academy for State Health Policy reported the following findings as critical to the success of a program like Florida KidCare:
 - Keep enrollment and renewal procedures simple
 - Employ community based outreach which is key to increasing enrollment
 - Use technology to coordinate programs and reduce administrative burdens
 - Change agency culture to promote enrollment goals
 - Engage leaders who champion the goal of covering kids
 - Engage partners to help achieve coverage goals
 - Use marketing to promote enrollment in public programs



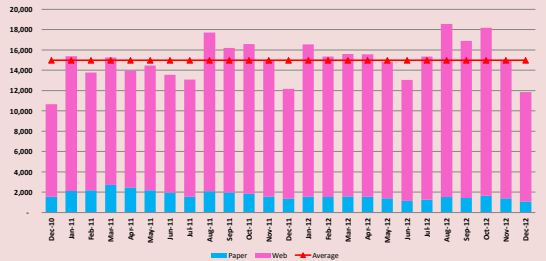
KidCare Enrollment

January 2009 - December 2012



KidCare Application Volume

December 2010 - December 2012



Barriers to Enrollment Growth

- Non-Renewal
 - 29,500 CHIP children terminated for non compliance with renewal
 - 196,000 Medicaid children closed
- Non-Payment
 - 84,600 CHIP children disenrolled for non-payment
- CHIP Transfers to Medicaid
 - 72,400 CHIP children moved to Medicaid



www.floridakidcare.org • 1-888-540-5437

Barriers to Enrollment Growth

- Populations ineligible for state subsidy
 - Legal immigrants in first five years
 - Families > 200% FPL (can purchase through the full pay option)
- Limited recurring outreach funds
- Lack of program awareness/trust
- Cultural/language barriers
- Difficulties navigating the system
- Administrative barriers



www.floridakidcare.org • 1-888-540-5437

Recommendations & Action Plans

1. Expand Outreach

Outreach to child care centers

Children in school readiness and VPK programs in child care centers

How - Send letters to parents of all children in VPK and child care, particularly in subsidized child care

Who - Early Learning Coalitions

Time frame - Ongoing

Simplify search for application assistance

How - Implement smart phone referral application—App available for smart phones that will connect potential or current enrollees with community partners in their area

Who - FHKC

Time frame - February 2013



Recommendations & Action Plans

1. Expand Outreach (continued)

Expand coordination with school free and reduced lunch programs

Children who qualify for free and reduced lunch program

How - Meetings with Association of School Superintendents and individual school superintendents

Who - Children's Services Councils, Covering Kids and Families (CKF) and The Children's Movement

Time frame - Ongoing



Recommendations & Action Plans

2. Improve Program Retention

Identify barriers to retention

Who - FHKC – Satisfaction Committee

How - Conduct surveys and analysis to pinpoint reason for leaving program

When – In process

Implement retention strategies

Who - FHKC

How - Follow up on retention barrier analysis

When - Future Opportunity



Recommendations & Action Plans

3. Simplify Application Process

Use automation and data matching programs

Who - Social Service agencies and Children's Services Councils

How- One-E-App is a Web-based system that lets families and individuals apply for multiple health, social service and other support programs from one location. One-E-App is used by consumers themselves or by staff who assist families and individuals at community clinics, hospitals, state and county agencies, food banks and other locations. The system allows individuals to apply for a range of programs such as Medicaid, CHIP, Food Stamps (SNAP), Earned Income Tax Credit, Child Tax Credit, utility assistance, local health insurance expansion programs and more

When - Ongoing



Recommendations & Action Plans

3. Simplify Application Process (continued)

Implement Presumptive eligibility

How - Statutory change to allow children to be "presumed" eligible temporarily so they can receive services while a full application is pending

When - This coming Session through KidCare bill with the economy recovering or in 2014 through ACA which grants prerogative to hospitals

Implement Continuous eligibility

How - Statutory change to allow children in the Medicaid component 12 months of continuous eligibility (like for the Healthy Kids component) without interruption of care and treatment

When - This coming Session with the economy recovering



Recommendations & Action Plans

3. Simplify Application Process (Continued)

Improve electronic citizenship check

Who - FHKC, DCF

How - Obtain access for FHKC eligibility system to access Social Security data base

When - Future opportunity



Recommendations & Action Plans

4. Expand populations eligible for enrollment/subsidy

Lawfully residing immigrant children (those in the US less than 5 years now qualify for the federal match, but the statute was never changed to reflect that)

Who - Bill sponsored by Sen. Rene Garcia and Rep. Jose Diaz

When - 2013 Legislative Session

How - Simple statutory change (repeal prohibition (like that done for state employees last session and require state plan amendment)