



The Florida KidCare Evaluation Series:

Florida's Medicaid Program for Children: MediPass and HMO, 2003

Prepared by
Institute for Child Health Policy
University of Florida

Under Contract to the
Agency for Health Care Administration

May, 2004



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The authors acknowledge the following agencies for their support and provision of data and information needed to conduct this evaluation:

The Agency for Health Care Administration
The Department of Health
The Department of Children and Families
The Florida Healthy Kids Corporation

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I. Executive Summary

Introduction and Purpose The purpose of this report is to describe the quality of care children receive in Medicaid's Primary Care Case Management (PCCM) program and in Medicaid's Health Maintenance Organization (HMO) option. This report is a component of the Year 5 Evaluation of the entire Florida KidCare Program, of which Medicaid is a part. The interested reader can review the overall program evaluation by visiting <http://www.ichp.edu/FloridaKidCare/flaKC.htm>.

Evaluation Data Sources Data for this evaluation were collected in telephone surveys conducted with families whose children are enrolled in Florida's Medicaid program. These families may have entered KidCare through use of the one-page KidCare application, or by other means. A total of 904 surveys were conducted in the fall, 2003, representing a population of 199,222 KidCare enrollees who had been enrolled for at least twelve months. The sample was then divided according to whether the respondents were enrolled in a Medicaid HMO or in the PCCM program, called MediPass. Of the 904 surveys conducted, 302 were families enrolled in a Medicaid HMO and 602 were from MediPass-enrolled families.

Program Structure In thirty-four of Florida sixty-seven counties, families of new Medicaid enrollees have the choice of enrolling their child in either a Medicaid HMO or in MediPass, which is a Primary Care Case Management program. Choice counseling is provided through a third party to assist families in making this choice. Families who fail to indicate their choice are randomly assigned to a managed care plan. Of the 602 MediPass respondents, 300 respondents resided in counties where MediPass was the only Medicaid program option, but 302 MediPass respondents resided in counties where both MediPass and HMO health plan selections were offered. In this report, the phrase "MediPass choice enrollees" refers to those enrollees residing in counties where there is a choice between MediPass and a HMO. The phrase "MediPass only enrollees" refers to those enrollees living in counties with a MediPass option only.

Key Findings The key findings are summarized below:

Demographic Composition and Family Characteristics Demographic composition of the three Medicaid programs varies considerably. On average, HMO enrollees were 8.0 years, while MediPass only enrollees were 8.7 years old and MediPass choice enrollees were 8.5 years old. The most noticeable difference between the three populations is in their racial and ethnic compositions. Among HMO enrollees, 33% reported they were Hispanic, 32% reported they were black non-Hispanic, 32% reported they were

white non-Hispanic, and the remaining 3% reported they were of another racial-ethnic background, or of mixed race. Among the MediPass only group, 16% reported they were Hispanic, 23% reported they were black non-Hispanic, 59% reported they were white non-Hispanic, and the remaining 2% reported they were of another racial-ethnic background, or of mixed race. Among the MediPass choice group, 12% reported they were Hispanic, 24% reported they were black non-Hispanic, 60% reported they were white non-Hispanic, and the remaining 4% reported they were of another racial-ethnic background, or of mixed race.

There were significant differences in primary language among the programs. Only seventy percent of HMO parents spoke English as their primary language at home; a quarter of HMO parents spoke Spanish as their primary language. Larger shares of Medipass only parents (87%) and Medipass choice parents (93%) spoke English as their primary language at home.

The HMO group had the lowest household incomes, with 35% reporting household incomes of less than ten thousand dollars. The two Medipass groups had similar income distributions, each with 30% reporting household incomes of less than ten thousand dollars.

The majority of HMO enrollees surveyed (55%) reported that they resided in two-parent families, while 45% reported they resided in single-parent families. Among MediPass only enrollees, the pattern was similar, with 57% in two-parent families and 43% in single-parent families. Families of Medipass choice enrollees were almost equally split between single-parent families (48%) and two-parent families (52%).

CSHCN Screener

The *Children with Special Health Care Needs Screener* (CSHCN) was used to identify children with special needs. A significantly larger share of the Medipass group (30% of Medipass only and 33% of Medipass choice) met the CSHCN screener compared to the HMO group (21%). Over a third of Medipass enrollees aged 5-19 met the screener, more than the other age and program groups.

Satisfaction with the Medicaid Program

Enrollees in the HMO and Medipass programs were very satisfied with the care they receive through Medicaid.

Eighty-five percent of families reported that it was “not a problem” to get care for their child in Medicaid, while 8% reported it was “a small problem” and 6% indicated it was “a big problem.” Sixty percent of enrollees reported that they did not experience delays in getting health care due to awaiting approval from Medicaid. Another 28% reported they had a small problem with delays and 12% reported

having a “big problem” with delays.

Respondents were asked to rate their usual care provider on a scale from 0 to 10, with 0 being the worst doctor or nurse possible, and 10 being the best doctor or nurse possible. The mean ratings ranged from 9.0 for Medipass only parents to 9.1 for HMO parents and 9.2 for Medipass choice respondents.

Overall, 27% of respondents reported that their child needed to see a specialist. HMO respondents and Medipass choice respondents were more likely than Medipass only respondents to report that their child needed to see a specialist, with rates of 28%, 28%, and 26%, respectively. The mean rating of specialists was 8.6 for HMO enrollees, 8.7 for Medipass only, and 9.1 for Medipass choice.

Dental Care

About half (49%) of respondents indicated that their child had one or more dental visits in the year prior to the interview. There was no variation by program, with 49% of HMO and Medipass choice enrollees and 50% of Medipass only enrollees having one or more dental visits in the year prior to the interview.

When asked to rate their dental care on a scale of zero (worst) to ten (best care possible), enrollees in all three program components rated dental care equally high. The means were almost identical for the three program components, 8.8 for HMO enrollees, 8.7 for Medipass only enrollees, and 8.6 for Medipass choice enrollees.

Preventive Care and Immunizations

The vast majority of Medicaid enrollees surveyed were compliant with AAP recommendations for well-child visits to primary care providers. Compliance with AAP guidelines for immunizations was also high, except for HIB and the newly-recommended Pneumococcus vaccine.

Access to Employer- Provided Coverage

A small proportion of all parents have access to family coverage at their place of work. About 12% of Medipass only parents, 13% Medipass choice parents, and 13% of HMO parents are eligible to enroll their children in an employer-provided family insurance plan. About six percent of parents in each of the three program components have access to individual coverage through their employer, but not family coverage. More than seventy percent of all parents did not have access to employer-provided coverage for their children because they are not employed, their employer does not offer any coverage, or they are ineligible for whatever coverage is offered.

II. Introduction

Introduction and Purpose of the Report

This report is a component of the Year 5 Evaluation of the entire Florida KidCare Program, of which Medicaid is a part. The interested reader can review the overall program evaluation by visiting <http://www.ichp.edu/FloridaKidCare/flaKC.htm>.

The purpose of this report is to describe the quality of care children receive in Medicaid's Primary Care Case Management (PCCM) program known as Medipass and in Medicaid's Health Maintenance Organization (HMO) option. This report describes differences between the two programs in terms of demographic characteristics of enrollees, satisfaction with the program, enrollee health status, provision of preventive care, and parent's access to employer-provided health insurance coverage.

Program Structure

Florida KidCare is an umbrella program, comprised of the following components:

1. MediKids, a Medicaid "look-alike" program for children ages 1 through 4 years, who are between 134 percent and 200 percent of the Federal Poverty Level (FPL) (see Table 1);
2. Healthy Kids, a program for children 5 through 18 years of age, which provides a benefits-rich package comparable to that of Medicaid, for a low monthly premium. Children aged 5 years old can be covered under Healthy Kids if their family income is between 134 percent and 200 percent FPL; children ages 6 through 18 can be covered if their family income is between 101 percent and 200 percent FPL;
3. CMS or Children's Medical Services, serves children 0 through 18 years old who have a special health care need and reside in families at or below 200 percent FPL;
4. Medicaid serves children 0 through 18 years of age who reside in families at or below 100 percent FPL, as well as those under 1 year old between 101 percent and 200 percent FPL, and those aged 1 through 5 years who are between 101 percent and 133 percent FPL.

The Medicaid program is by far the largest component of KidCare, comprising four-fifths of the program enrollment, or over 1.2 million children as of October 30, 2002. The majority of Medicaid enrollees are covered using Title XIX funds; only those aged 17 through 18 and those aged 0 to 1 year who are between 185 percent and 200 percent FPL are covered using Title XXI funds.

Most families enrolling in Medicaid may select the type of managed care program they want for their children. Depending on the county of residence, the children can receive their care through an HMO or through MediPass. In

Miami-Dade and Broward Counties, a Provider Service Network (PSN) is also available. Those children whose families choose an HMO option receive care through one of the Medicaid HMOs participating in their county. In the MediPass PCCM program, providers receive a monthly capitation fee for the children in their panels to provide care coordination services. All other health care services are reimbursed according to the Medicaid fee schedule. Providers participating in the HMO program receive capitated reimbursement for services. See Appendix A for a list of counties with and without Medicaid HMOs.

Families of Medicaid beneficiaries receive information from an enrollment broker to assist them in making the decision between managed care programs. Florida has contracted with ACS to provide enrollment and disenrollment services. All new Medicaid enrollees are sent materials outlining the choices of managed care plans for their county. Since Medicaid HMOs do not operate in thirty-three of Florida's sixty-seven counties, enrollees in those counties are automatically assigned to the Medipass plan. Enrollees in the other thirty-four counties call ACS to indicate their choice of Medipass or an HMO. Enrollees who fail to do so within 60 days are assigned to a plan; if more than one HMO plan is available, enrollees are assigned to a plan by ACS.

Table 1. Federal Poverty Levels for a Family of Four

Income as a Percent of Federal Poverty Level	1998	1999	2000	2001	2002	2003
100%	\$16,450	\$16,700	\$17,050	\$17,650	\$18,100	\$18,400
133%	\$21,789	\$22,211	\$22,677	\$23,475	\$24,073	\$24,472
185%	\$30,433	\$30,895	\$31,543	\$32,653	\$33,485	\$34,040
200%	\$32,900	\$33,400	\$34,100	\$35,300	\$36,200	\$36,800

III. The Evaluation Approaches and Data Collection

Populations Included in the Telephone Surveys

Data for this evaluation come from telephone surveys conducted with families whose children are enrolled in Florida's Medicaid program. These families may have entered KidCare through use of the one-page KidCare application, or by other means. A total of 904 surveys were conducted in fall, 2003. The sample was then divided according to whether the respondents were enrolled in a Medicaid HMO or in MediPass. Of the 904 surveys conducted, 302 were from Medicaid HMO enrollees and 602 were from MediPass-enrolled families (see Table 2). Medipass enrollees in counties without HMO health plan options (hereafter referred to as Medipass only) completed 300 questionnaires, while Medipass enrollees in counties with HMO plan options (hereafter referred to as Medipass choice) completed 302 questionnaires.

The survey instrument was designed to gather information from families whose children had been enrolled in Medicaid for at least twelve consecutive months. The questionnaire contains a number of items pertaining to the family's satisfaction with their child's KidCare coverage, and the quality of care they received in the program, as well as questions about their demographics, their child's health status, and unmet medical needs.

Information is not available for this report about the sociodemographic or health characteristics of those who could not be located. It is not known how generalizable the findings in this report are to the overall pool of children in MediPass and Medicaid HMOs. Additional information on survey methodology and cooperation rates is available in the KidCare Year 5 Evaluation report, available at <http://www.ichp.edu/FloridaKidCare/flaKC.htm>.

Table 2. Medicaid Enrollee Population and Sample Sizes

Program	Population Size (weighted N)	Sample Size (unweighted n)	Confidence Interval (%). P<=.05*
All Medicaid Enrollees, September 30, 2003	1,112,248		
Medicaid Enrollees in Program for 12 months or more (the universe of established enrollees for this report)	199,222	904	
Medicaid HMO established enrollees	129,572	302	+/- 5.63
Medipass only established enrollees (in counties without HMOs)	38,423	300	+/- 5.64
Medipass choice established enrollees (in counties with HMOs)	31,227	302	+/-5.61

* The confidence intervals are presented for hypothetical items with uniformly distributed responses. These numbers are a worst case generality presented for reference purposes only.

IV. Demographic Composition, Socioeconomic Status, and Household Characteristics

The Medicaid HMOs and MediPass programs were compared in terms of the demographic characteristics of their enrollees. Respondents were asked a number of questions relating to their race and ethnicity, the child's race and ethnicity, and family characteristics.

Sex of Enrolled Child

Overall, there were equal proportions of males and females enrolled in the Medicaid program, although the distribution was slightly different among the HMO and MediPass groups. The MediPass only population was made up of slightly more males than females with 51% of respondents reporting that their child was male and 49% reporting the child was female. In counties that were also served by HMOs, the MediPass choice program was split more equally between males (49.3%) and females (50.7%). The HMO group was estimated to be composed of almost equal shares numbers of males (49.8%) and females (50.2%). The small differences in gender distribution between the three programs were not statistically significant.

Age of Child

Overall, enrollees in Medicaid were 8.2 years old. On average, HMO enrollees were 8.0 years, while MediPass only enrollees were 8.7 years old and Medipass choice enrollees were 8.5 years old. These differences were statistically significant ($p=.000$)¹.

Race and Ethnicity

In terms of race and ethnicity, the MediPass and HMO groups differed significantly. Among HMO enrollees, 33% reported they were Hispanic, 32% reported they were black non-Hispanic, 32% reported they were white non-Hispanic, and the remaining 3% reported they were of another racial-ethnic background, or of mixed race. Among the MediPass only group, 16% reported they were Hispanic, 23% reported they were black non-Hispanic, 59% reported they were white non-Hispanic, and the remaining 2% reported they were of another racial-ethnic background, or of mixed race. Among the MediPass choice group, 12% reported they were Hispanic, 24% reported they were black non-Hispanic, 60% reported they were white non-Hispanic, and the remaining 4% reported they were of another racial-ethnic background, or of mixed race (see Figure 1)**.

¹ Hereafter, statistically significant differences between the three programs will be denoted by asterisks. A single asterisk (*) will denote a significance level of $p<=0.05$ and two asterisks (**) will denote a significance level of $p<=.001$.

The program groups were also examined by age groups 0 to 4 years and 5 to 19 years (see Figure 2). Within their respective programs, the racial/ethnic compositions of younger children** and older children** are very similar, but significant differences in composition remain between programs.

The differences in racial and ethnic makeup of the programs may affect results. Research has shown that blacks as a group are more satisfied with their medical care than are whites or Hispanics. Thus, differences in satisfaction with the program may be attributable to these demographic differences.

Figure 1. Racial-Ethnic Composition of MediPass and Medicaid HMO Populations

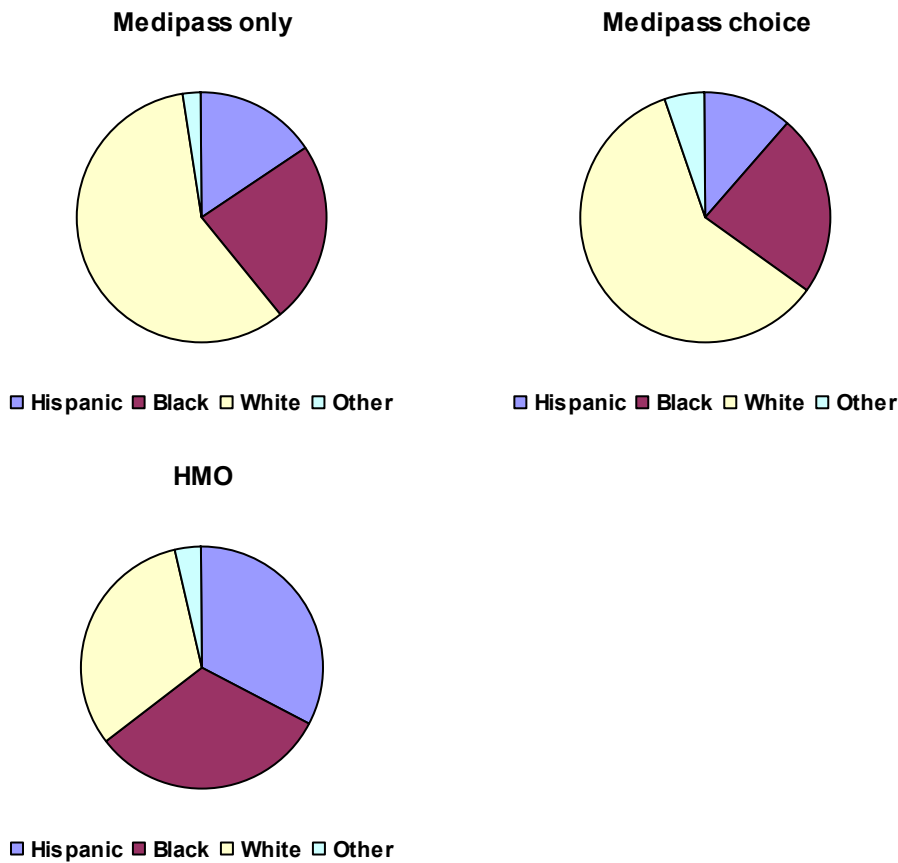
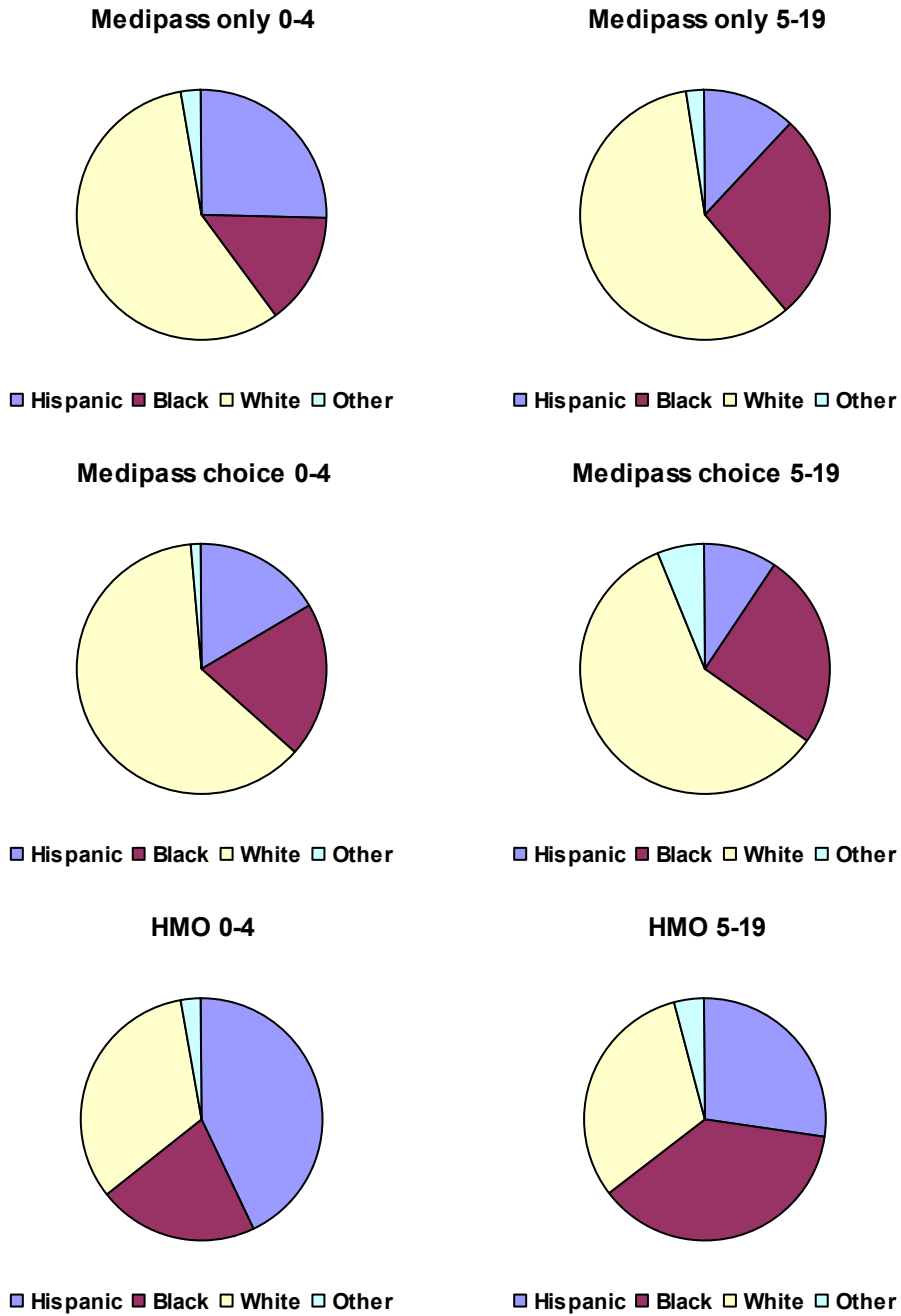


Figure 2. Racial-Ethnic Composition of Medipass and Medicaid HMO Populations by Age



Parent's Education, Primary Language, and Household Income

The average education level of HMO and Medipass parents is similar. About 40% of Medipass choice parents had less than a high school diploma, while 43% of HMO and Medipass only parents did not have a degree. A quarter of HMO parents reported having a high school diploma or GED, compared to 22% of Medipass only parents and 20% of Medipass choice parents. A third of Medipass choice parents reported having vocational or technical training or some college education, while about a quarter of Medipass parents only and HMO parents had that same training. Only six percent of Medipass parents and ten percent of HMO parents reported having an Associate's Degree or higher.

There were significant differences in primary language among the programs. Only seventy percent of HMO parents spoke English as their primary language at home; a quarter of HMO parents spoke Spanish as their primary language. Larger shares of Medipass only parents (87%) and Medipass choice parents (93%) spoke English as their primary language at home**.

The HMO group had the lowest household incomes, with 35% reporting household incomes of less than ten thousand dollars and 62% reporting incomes of less than twenty thousand dollars. The two Medipass groups had similar income distributions, each with 30% reporting household incomes of less than ten thousand dollars. For the Medipass only group, 58% had household incomes below twenty thousand dollars, while a slightly larger share of Medipass choice (64%) fell below that income threshold*.

Family Structure

The family structure of the groups did not vary dramatically. The majority of HMO enrollees surveyed (55%) reported that they resided in two-parent families, while 45% reported they resided in single-parent families. Among MediPass only enrollees, the pattern was similar, with 57% in two-parent families and 43% in single-parent families. Families of Medipass choice enrollees were almost equally split between single parent families (48%) and two-parent families (52%) (see Figure 3).

The parent's marital status also did not vary significantly between the HMO and MediPass groups (see Figure 4). Forty-eight percent of HMO enrollees reported they were married (including common law), while 52% reported they were not married (including divorced, separated, single, widowed). Fifty-two percent of Medipass only parents reported being married while 48% reported they were not married. Medipass choice parents had the lowest levels of marriage, with 47% being married and 53% were not married.

Figure 3. Family Type of MediPass and Medicaid HMO Populations

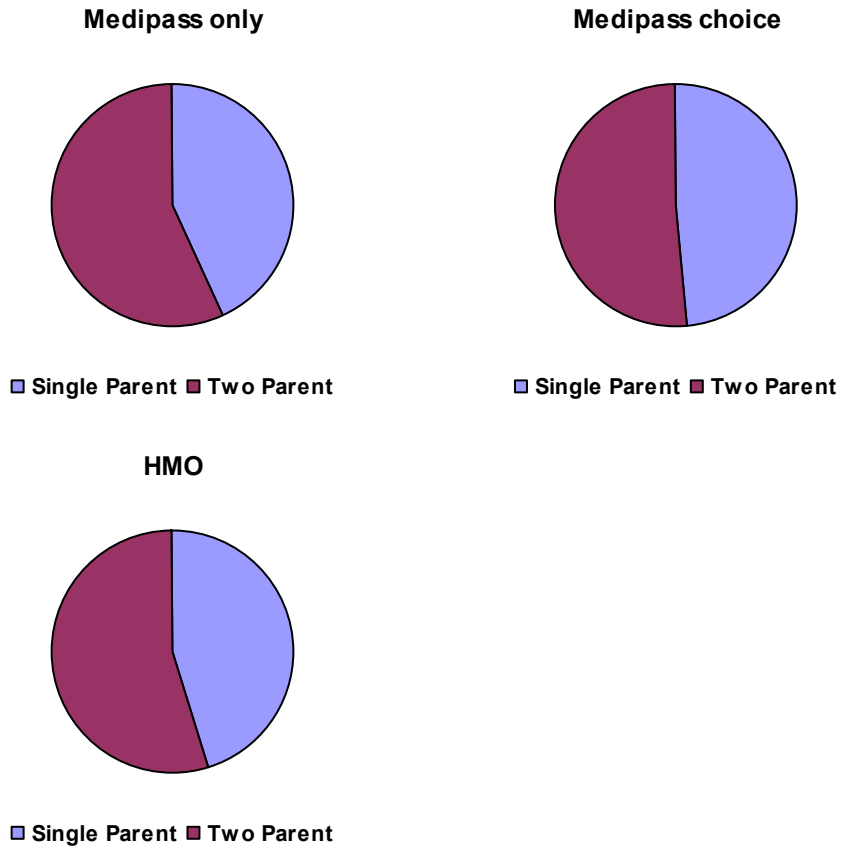
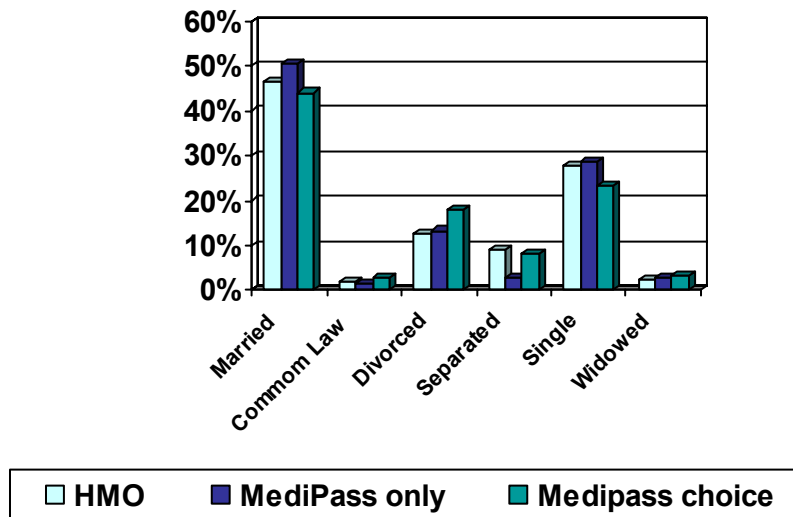


Figure 4. Marital Status of Medicaid HMO Parents and MediPass Parents



**Internet and
Mobile Phone
Access**

Families' access to two technologies was measured. Over half (52%) of HMO parents had a mobile phone, compared to 46% of Medipass only parents and 50% of Medipass choice parents. Larger shares of parents reported having a computer in the home (57%, 58%, and 61%, respectively). Slightly smaller shares of parents reported having access to the Internet from home (48% of HMO parents, 46% of Medipass only, and 52% of Medipass choice). Less than a quarter of parents had access to the Internet at work though (22% of HMO parents, 23% of Medipass only, and 17% of Medipass choice). Of those parents that did have Internet access at work, the majority reported that their employer would allow them to use the Internet to check health care information (69% of HMO parents, 85% of Medipass only, and 75% of Medipass choice).

V. Presence of Special Health Care Needs among Medicaid HMO Enrollees and MediPass Enrollees

Background The *Children with Special Health Care Needs (CSHCN) Screener* was used to identify the presence of special health care needs among KidCare Program enrollees. It is based on parent self-report. The CSHCN Screener contains five items that address whether the child (1) has activity limitations when compared to other children of his or her age, (2) needs or uses medications, (3) needs or uses specialized therapies such as physical therapy and others, (4) has an above routine need or use for medical, mental health or educational services, or (5) needs or gets treatment or counseling for an emotional, behavioral or developmental problem. For any category with an affirmative response, the parent is then asked if this is due to a medical, behavioral or other health condition and whether that condition has lasted or is expected to last at least 12 months. The child is considered to have a special need if the parent responds affirmatively to any of the categories.² The CSHCN Screener has been tested on several populations of children and the testing supports the dimensions included in the instrument.

CSHCN Screener Results Overall, 25% of respondents met the CSHCN screener. Those enrolled in the HMO met the screener less frequently than those in MediPass. About a fifth (21%) of HMO enrollees met the screener, while 30% of MediPass only and 33% of MediPass choice enrollees did so (see Figure 5)*.

Results by age show that those in both the MediPass 5–19 groups met the screener more often than those enrollees in any other groups (see Figure 6). About 20% of children aged 0-4 in the MediPass choice group met the screener, a slightly larger share than those in HMOs (16%) or the MediPass only (15%). Among older children aged 5-19, about 40% of MediPass choice enrollees met the screener, while a third (35%) of MediPass only and a quarter (24%) of HMO enrollees met the screener.

About 13% of Florida's children have special needs based on population estimates from the National Survey on Children with Special Health Care Needs. Thus the percentage of CSHCN enrolled in Medicaid is substantially higher than the general population estimates. Moreover, CSHCN are more likely to be enrolled in MediPass than in the Medicaid HMOs.

² Bethell C, Read D. Child and Adolescent Health Initiative. Portland, Oregon: Foundation for Accountability; 1999.

Figure 5. CSHCN Screener Results for Medipass and Medicaid HMO Enrollees

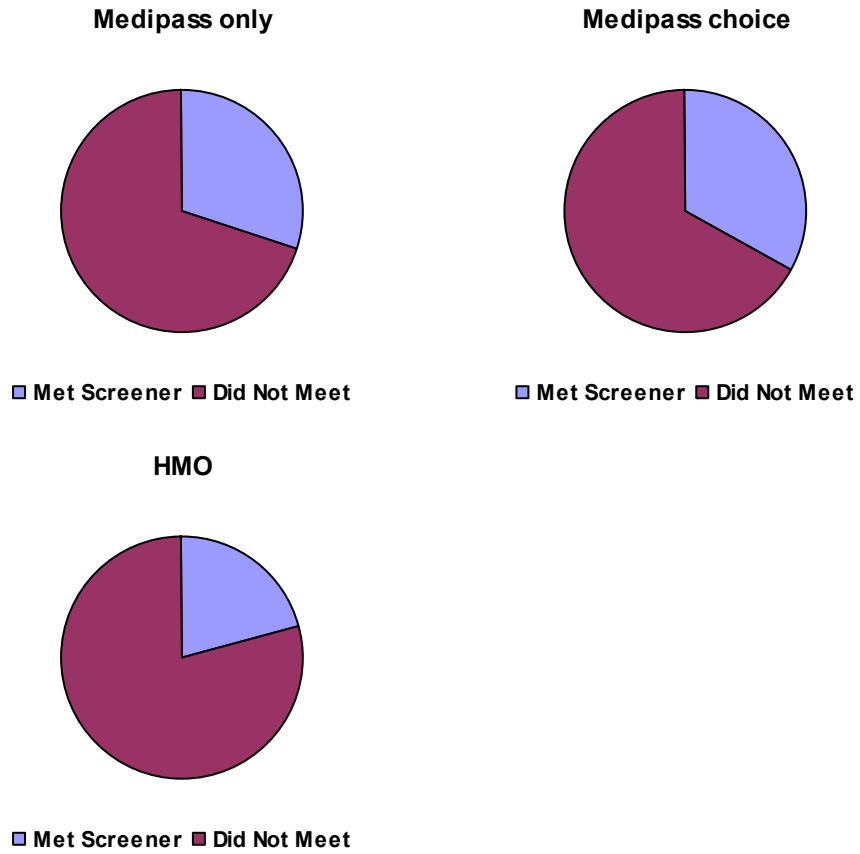
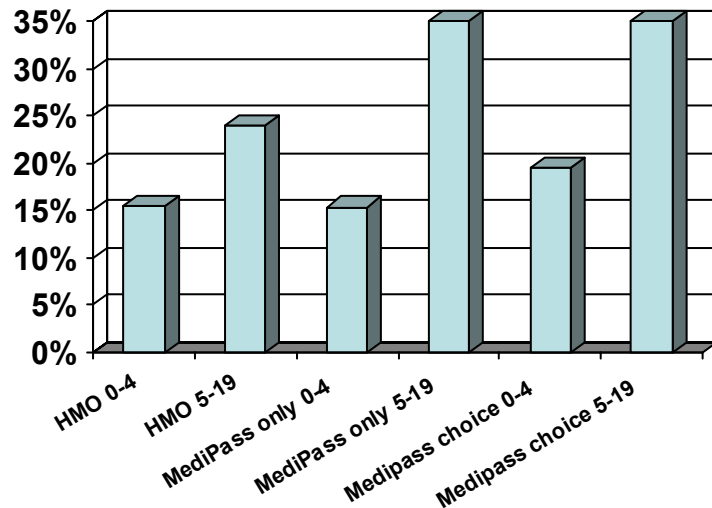


Figure 6. Percent of Enrollees by Program and Age Group that Met the CSHCN Screener



VI. Families' Satisfaction with the KidCare Program

Background The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the Medicaid Program. The CAHPS is recommended by the National Commission on Quality Assurance for health plans to use when assessing enrollees' satisfaction with the health care plan.

The CAHPS addresses several care components including:

1. Primary care experiences,
2. Getting health care from a specialist,
3. General health care experiences in the 12 months preceding the interview,
4. Need for and use of interpreter services,
5. Dental care,
6. A special module for those with special needs that include questions about home care and other specialized services,
7. Prescription medication use and satisfaction, and
8. Transportation concerns when obtaining health care.

These content areas are addressed in the following sections.

Primary Care Respondents were asked to rate their usual care provider on a scale from 0 to 10, with 0 being the worst doctor or nurse possible, and 10 being the best doctor or nurse possible. The mean overall ratings ranged from 9.1 for HMO respondents to 9.0 for Medipass only respondents to 9.2 for Medipass choice respondents**.

Fifty-six percent of HMO respondents, 57% of Medipass only respondents, and 61% of MediPass choice respondents report having sought routine care in the 12 months previous to interview. About two-thirds (61% in HMO, 68% in MediPass only, and 66% in Medipass choice*) of parents reported that they "always" got an appointment for such care as soon as they wanted.

Approximately 33% of those surveyed reported seeking care for an illness or injury in the 12 months preceding interview. This figure differed slightly between the three groups, with the 29% of those in the HMO group reporting they sought such care, compared to 39% of the MediPass only group and 41% of the Medipass choice group. A large majority in all groups (75% for HMO, 71% for MediPass only, and 75% for Medipass choice) reported that they "always" got this care as soon as they wanted.

Getting Care From a Specialist

A substantial percentage of children needed to see a specialist at some time in the 12 months preceding the interview. Overall, 27% of respondents reported that their child needed to see a specialist. HMO and Medipass choice respondents were more likely than Medipass only respondents to report that their child needed to see a specialist, with rates of 28%, 28%, and 26%, respectively.

Most respondents (77%) reported that it was “not a problem” to get a referral for specialty care for their child. Among HMO enrollees, 75% reported it was “not a problem” to get a referral while 80% of MediPass only and 86% of Medipass choice enrollees reported thus. Twelve percent of HMO enrollees, 8% of Medipass choice enrollees, and 11% of Medipass only enrollees reported that it was “a big problem” to get a referral.

After receiving a referral, most respondents did not have problems actually seeing a specialist. Seventy-five percent of all respondents reported that it was not a problem to see a specialist. There were no significant differences by program. Only 13% of HMO parents reporting a big problem seeing a specialist; a similar share of Medipass only and Medipass choice parents (15% and 14%, respectively) reported big problems seeing a specialist.

When asked to rate their specialist physician on a 0 to 10 scale like that used for the Primary Care Provider (PCP), Medipass choice respondents rated specialty care at 9.1, higher than the 8.7 rating provided by Medipass only respondents and the 8.6 rating provided by HMO respondents**.

General Health Care Experiences

The CAHPS contains many questions that measure families' satisfaction with the overall provision of care their child receives from Medicaid. Items include measures of wait times, conduct of doctor's office staff, and whether their primary care provider (PCP) treats them with courtesy and respect. The HMO and MediPass programs performed similarly in most of these areas.

Eighty-five percent of respondents reported that it was “not a problem” to get needed care for their child in Medicaid, while 8% reported it was “a small problem” and 6% indicated it was “a big problem”. There were significant variations by program component. Ninety percent of Medipass only respondents did not have a problem getting needed care compared to 85% of Medipass choice and 84% of HMO parents*.

Sixty percent of families reported that they did not experience delays in getting plan approval from Medicaid. About a quarter (28%) percent of parents reported that waiting for plan approval was a small problem, while 12% of parents reported the delays as being a big problem. There were no significant variations in delays by program component, but

there was a large decline in the share of parents from the prior year (89%) who did not have problems with plan approval.

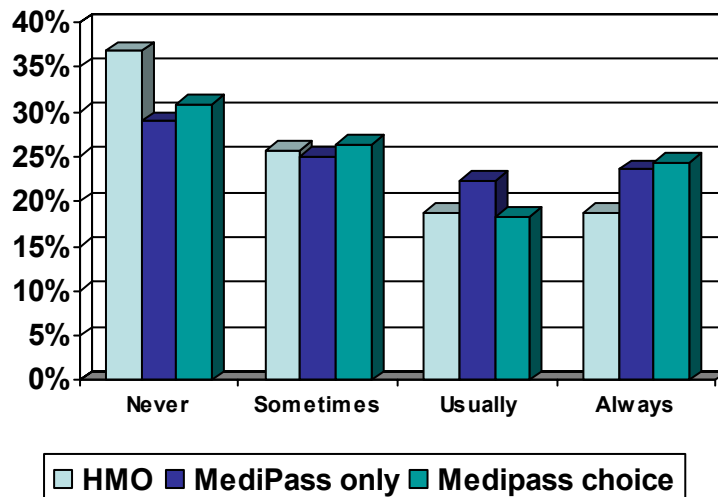
Enrollees were generally positive regarding their experiences with their child's doctor and office staff. Eighty-four percent reported that they were "always" treated with courtesy and respect at their child's doctor's office, and three-quarters of respondents reported that the staff at their child's doctor's office was "always" as helpful as they would like. Eighty-one percent of respondents indicated they their child's primary care provider "always" listened carefully to them, and 84% reported that their child's doctor "always" explained things in a way they could understand. Sixty-six percent of enrollees surveyed indicated that they felt their child's PCP "always" spent enough time with their child (see Table 3).

Table 3. Medicaid Enrollees' Satisfaction with Their Child's Doctor and Office Staff in Past Year

	Never	Sometime s	Usually	Always
Parent treated with courtesy and respect by PCP's office staff	1.5%	7.0%	7.9%	83.6%
PCP's office staff was helpful	2.9%	9.7%	12.1%	75.4%
PCP listened carefully	1.7%	7.4%	9.6%	81.3%
PCP explained things so parent could understand	4.7%	4.3%	7.4%	83.7%
PCP explained things so child could understand	8.4%	7.5%	10.3%	73.8%
PCP spent enough time with child	5.6%	13.6%	14.6%	66.3%

When asked if their child's doctor's office kept their appointment schedule, however, caregivers were substantially less satisfied (see Figure 7). Only 20% of caregivers reported their child was always taken to the exam room within 15 minutes of the appointment time.

Figure 7. Percent of Enrollees Taken to Exam Room within 15 Minutes of Appointment Time



**Health Plan
Customer
Service**

Overall, 24% of the respondents had called their health plan customer service number for assistance. Only 16% of Medipass only and 19% of Medipass choice respondents called, but a larger share (28%) of HMO respondents called*.

Among those who had called customer service, 62% of Medipass choice respondents reported that it was “not a problem” to get information or help from the customer service representative, slightly less than for parents of HMO and Medipass only enrollees (71% and 66%, respectively). Additionally, a majority of parents reported that the health plan paperwork was not a problem (75% of HMO, 77% of Medipass only, and 81% of Medipass choice).

On a scale of zero (worst) to ten (best), customer service was rated 8.7 overall. There was little variation by program, as HMO parents gave customer service a 8.6, Medipass only rated the service 8.7, and Medipass choice rated it 8.8.

Summary

Enrollees in both the Medicaid HMO group and the MediPass group are very satisfied with the care they receive through Medicaid (see Figure 8).

VII. Dental Care

Background Parents of children who were one year of age or older were asked about their child's dental care prior to interview. In the Year 5 KidCare evaluation, dental care was the most frequently mentioned unmet need. Prior to enrollment in KidCare, only 64% of children who needed to see a dentist actually had that visit, compared to 84% after enrolling in KidCare.³

Frequency of Dental Visits About half (49%) of 2003 enrollees saw a dentist in the 12 months prior to the interview. Similarly, 50% of enrollees saw a dentist in 2002 and 46% saw a dentist in 2001. There was no variation by program, with 49% of HMO and Medipass choice enrollees and 50% of Medipass only enrollees having one or more dental visits in the year prior to interview.

Of the families whose child did have a dental visit, 33% reported that their child saw a dentist one time during the previous 12 months and 37% reported the child had 2 dental visits during that time. Another 14% reported their child had 3 visits in the previous year, while 6% reported 4 visits. The remaining 10% reported that they had 5 or more dental visits.

Satisfaction When asked to rate their dental care on a scale of zero (worst) to ten (best care possible), enrollees in all three program components rated dental care equally high. The means were almost identical for the three program components, 8.8 for HMO enrollees, 8.7 for Medipass only enrollees, and 8.6 for Medipass choice enrollees.

³ The figure on dental care prior to enrollment is based on data collected from the New Enrollee survey for Medicaid (single-page application) enrollees. Data on experiences since joining KidCare was calculated from the Established Enrollee data for Medicaid enrollees; this data source is used extensively for this report.

VII. Compliance with Preventive Care Guidelines

Well-Child Visit Compliance

The American Academy of Pediatrics (AAP) and others have established guidelines for the appropriate number of well child visits. In general, beginning at two years of age, children are expected to have annual well child visits. There is a brief span in late childhood when visits are scheduled every other year. Prior to two years of age, multiple visits are recommended at predetermined intervals. Parents were asked how many preventive care visits their children had in the preceding year. This information was used to assess compliance with well-child visit guidelines for those two years of age and older.

The vast majority of those surveyed with children over 2 years of age were compliant with AAP well-child visit guidelines. About ninety-seven percent of Medicaid enrollees were compliant and there not significant differences by program component.

Immunization Compliance

Parent report was used to assess compliance with the AAP's recommendations for childhood immunizations. The reader should exercise caution when interpreting data based on parent report, given that survey respondents may make errors in reporting the services their child has received. Another consideration in interpreting these data is the fact that children in Florida who attend school are required to prove they are compliant with AAP guidelines before they can enroll. Thus, the vast majority of school-aged children must be compliant, though their parent may not report this during the interview.

Medicaid enrollees were in compliance with AAP guidelines in the vast majority of cases (see Table 4). There were no substantial differences between compliance rates of HMO enrollees and MediPass enrollees. The reader will notice that compliance for the Pneumococcus vaccine is markedly lower than that for the other vaccines. This may be due to the fact that the Pneumococcus vaccine recommendation was new for 2001. Thus, at the time these surveys were completed, some children may not yet have visited their health care provider to receive this vaccine.

Table 4. Medicaid Enrollees' Compliance with AAP Immunization Guidelines

	HMO % compliant	Medipass only % compliant	Medipass choice % compliant
DTP	78.4	78.6	82.2
Polio	67.5	69.3	69.3
HIB	50.7	52.6	51.3
MMR**	91.6	92.4	95.1
Hepatitis B	69.3	73.3	74.6
Varicella	94.7	91.5	94.7
Tetanus Booster**	97.5	99.5	99.5
Pneumococcus	24.6	36.8	24.7

Note: The Pneumococcus vaccine was not part of the AAP recommendations until January, 2001.

VIII. Access to Employer-Provided Insurance Coverage

Background As part of the program evaluation, parental access to insurance coverage through their employer was measured. The original intent of the KidCare insurance was to cover children without access to insurance. A substitution effect occurs when parents enroll their children in publicly-funded insurance even though they have access to employer-provided family insurance.

Findings A small proportion of all parents have access to family coverage at their place of work. About 12% of Medipass only parents, 13% Medipass choice parents, and 13% of HMO parents are eligible to enroll their children in an employer-provided family insurance plan (see Table 5). About six percent of parents in each of the three program components have access to individual coverage through their employer, but not family coverage. More than seventy percent of all parents did not have access to employer-provided coverage for their children because they are not employed, their employer does not offer any coverage, or they are ineligible for whatever coverage is offered.

Table 5: Access to Employer-Provided Insurance for Parents of Medicaid Enrollees

Characteristics of Established	N	% of Total
Total number of parents enumerated by the survey, Yes, family coverage is available to the parent through their employer. This out for parents of Established Enrollees in	162,16	100.0
No, only employee coverage is available to the parent through their	21,879	13.49
Number of parents who are not employed or their employer does not offer	10,72	6.61
ineligible for employer-provided coverage; they are ineligible to respond	118,83	73.28
Number of parents who did not respond to the item; their eligibility for this	10,72	6.61
Total number of parents enumerated by the survey, Yes, family coverage is available to the parent through their employer. This out for parents of Established Enrollees in MediPass in counties	46,46	100.0
No, only employee coverage is available to the parent through their	5,632	12.11
Number of parents who are not employed or their employer does not offer	3,072	6.61
ineligible for employer-provided coverage; they are ineligible to respond	33,53	72.18
Number of parents who did not respond to the item; their eligibility for this	4,224	9.09
Total number of parents enumerated by the survey, MediPass Yes, family coverage is available to the parent through their employer. This out for parents of Established Enrollees in MediPass in	36,46	100.0
No, only employee coverage is available to the parent through their	4,635	12.71
Number of parents who are not employed or their employer does not offer	2,163	5.93
ineligible for employer-provided coverage; they are ineligible to respond	26,88	73.71
Number of parents who did not respond to the item; their eligibility for this	2,781	7.63

IX. Summary and Conclusions

Summary

Medicaid enrollees in both managed care programs generally report a high level of satisfaction with the Medicaid program. Enrollees are generally compliant with preventive care guidelines. Access to other insurance coverage is very low.

Significant differences between the HMO and Medicaid populations are found in the following areas:

- **Demographic and socioeconomic composition**

There are significant differences in the age distribution and racial-ethnic compositions of the Medipass enrollee population and the HMO enrollee population. HMO enrollees are significantly younger than Medipass enrollees. Non-Hispanic whites comprise a slight majority (59%) of the Medipass only population and 60% of the Medipass choice population. There is no majority racial group among the HMO enrollees; the population is split evenly among Hispanic (33%), black non-Hispanic (32%), and white non-Hispanic (32%). Black non-Hispanic enrollees comprise 23% of the Medipass only population and 24% of the Medipass choice population. There were also significant differences in the primary language spoken at home by parents, with seventy percent of HMO parents speaking English, compared to larger shares of Medipass only parents (87%) and Medipass choice parents (93%) speaking English. Household incomes varied across programs as well; thirty-five of HMO respondents reported household incomes of less than ten thousand dollars compared with 30% for the two Medipass groups.
- **Number of Children with Special Health Care Needs**

The MediPass program has a higher percentage of enrollees with special health care needs than the HMO program. This finding is not surprising given that extensive literature has documented that CSHCN are more likely to be enrolled in fee for service arrangements than in HMOs.
- **Satisfaction with Care**

Although all three groups rated their primary care providers very highly, there were variations in ratings for specialist care. Medipass choice respondents rated their specialist care more highly than HMO or Medipass only respondents. In general, 90% of Medipass only

respondents did not have a problem getting health care for their children, compared to 85% of Medipass choice respondents and 84% of HMO parents. Larger shares of HMO enrollees had called their health plan than Medipass enrollees.

- **Well-Child Care**

There were significant differences between the Medicaid program components in compliance with immunization guidelines for MMR and Tetanus Booster.

Overall, the Medicaid managed care programs perform comparably. Differences between the programs may be attributable to race and ethnicity differences, as research has shown that these attributes effect perception of and satisfaction with health plans. Further research is needed to determine what, if any, effect these factors have in this case.

Appendix A: Medicaid Managed Care Choices by County, October 2003

<u>MediPass only</u>	<u>Choice of HMO or MediPass</u>	<u>Choice of HMO, MediPass, or PSN</u>
Alachua	Brevard	Broward
Baker	Calhoun	Miami-Dade
Bay	Citrus	
Bradford	Clay	
Charlotte	Duval	
Collier	Escambia	
Columbia	Gadsden	
Desoto	Hendry	
Dixie	Hernando	
Flagler	Highlands	
Franklin	Hillsborough	
Gilchrist	Jefferson	
Glades	Lake	
Gulf	Lee	
Hamilton	Leon	
Hardee	Liberty	
Holmes	Madison	
Indian River	Manatee	
Jackson	Marion	
Lafayette	Martin	
Levy	Orange	
Monroe	Osceola	
Nassau	Palm Beach	
Okaloosa	Pasco	
Okeechobee	Pinellas	
St. Johns	Polk	
St. Lucie	Putnam	
Sumter	Santa Rosa	
Suwannee	Sarasota	
Taylor	Seminole	
Union	Volusia	
Walton	Wakulla	
Washington		