The care of children with medically complex problems requires special attention and is costly.1-6 Children with special health care needs (CSHCN) represent less than 4% of the pediatric population, yet account for 60% of pediatric health care costs.1-4 According to Section 391.021 of the Florida statutes, “children with special health care needs” is defined as children younger than age 21 years who have chronic and serious physical, developmental, behavioral, or emotional conditions and who require health-care and related services of a type or amount beyond that generally required by children. Several federal programs under the Centers for Medicare and Medicaid Services, which involve state-matching funds, provide funds to help ensure the medical care of CSHCN.1,4,7,8

In Florida, the care for CSHCN who receive services through Title XIX and Title XXI is administered by the Florida Department of Health (DOH), which established the Children’s Medical Services Network (CMSN).9 In August 2014, the CMSN transitioned into the Children’s Medical Services Managed Care Plan (CMSMCP), a specialty plan for CSHCN that is part of Florida’s Statewide Medicaid Managed Care (SMMC) program. A major component of the plan is the University of Florida–based Pediatric Integrated Care System (Ped-I-Care),10,11 which provides comprehensive care for CSHCN and represents an academic–state partnership with high patient satisfaction, quality metrics, and cost savings.

CMSN and Ped-I-Care

The Ped-I-Care was developed at the University of Florida in 2003.10 The Florida DOH oversees plan operations and is responsible for such components as care coordination and provider credentialing; Ped-I-Care is responsible for other key functions, including member services, provider network recruitment and contracting, service authorizations, and claims processing. Historically, although enrollment numbers have changed, approximately 50,000-70,000 Florida children qualify for these programs annually, and the care of roughly 60% of these members is provided by Ped-I-Care in the northern part of the state. Care for CSHCN in the southern part of the state is provided by the South Florida Community Care Network.

The CMSMCP administers health insurance benefits for CSHCN from families with incomes levels that qualify for care under Title XIX (Medicaid; 0-133% of the federal poverty limit [FPL]) or Title XXI (State Children’s Health Insurance Program [SCHIP]; >133%-200% of FPL).8,12

The origins of Ped-I-Care and the CMSN date back to the Balanced Budget Act of 1997, which created a new SCHIP under Title XXI of the Social Security Act.8,12 Included in the SCHIP legislation is a mandate to develop managed care organizations for CSHCN.8,12

In response to this directive, Florida KidCare was created in 1998, a component of which is the DOH’s CMSN for CSHCN.9 In 2003, Ped-I-Care went live in a 16-county area in north-central Florida; CSHCN is eligible for Title XXI and children who were clinically eligible were enrolled into CMSN and received services from Ped-I-Care as outlined above. In 2006, the program expanded into 7 additional counties, covering 23 of the 67 Florida counties. In 2007, Ped-I-Care expanded to become a Provider Service Network under Medicaid Reform (Title XIX) in Duval County. In 2013, the Title XXI contract expanded to cover 51 counties. With the 2014 implementation of Florida’s SMMC program, Ped-I-Care expanded and continued the care of CSHCN for Title XIX and Title XXI throughout 51 counties in Florida.

Member Eligibility

Children covered by Ped-I-Care must meet financial and clinical eligibility criteria. Children whose parents earn 0%-133% of the FPL qualify for Title XIX (Medicaid).
Florida’s Department of Children and Families determines financial eligibility for these children. Children whose parents earn 133%-200% of the FPL qualify for Title XXI (SCHIP). Financial eligibility for this program is determined by Florida’s Healthy Kids Corporation. Nurse Care Coordinators (NCCs) employed by the DOH screen for clinical eligibility based on the statutory definition and enroll children into the CMSMCP if eligibility is met and the parent or guardian selects this plan.

Program Activities

The most common conditions that affect enrollees include attention deficit hyperactivity disorder, asthma, and autism. Each member is assigned a Center for Medicare and Medicaid Services NCC by the CMSMCP. The NCC coordinates appointments, develops plans of care, arranges transportation, participates in discharge planning, and communicates with families. The NCC interacts with primary care providers (PCPs) and specialists in the patient’s local community. PCPs play an integral role, serving as the medical home in the management of these children.

A large component of the program is the review of requested subspecialty, diagnostic, and ancillary services by providers and facilities. The Ped-I-Care Medical Directors review clinical documentation, special needs of the child and family, and covered benefits in the determination of medical necessity.

Ped-I-Care also uses consultants at major academic centers in Florida to review complicated requests. The Ped-I-Care program benefits from involvement of its Quality and Utilization Management Committee, which meets quarterly to discuss current quality and utilization functions, concerns, and outcomes.

The Ped-I-Care Network

Children served by Ped-I-Care have access to health care provided by more than 16,000 practitioners in the CMSMCP network in the northern half of the state. Physicians are paid on a fee-for-service basis via the third-party administrator. This network was developed by Ped-I-Care’s Provider Relations and Contracting staff. The provider network includes PCPs, specialists, hospital systems, diagnostic laboratories, durable medical equipment providers, therapists, home health agencies, and transportation vendors in the child’s local area.

Ped-I-Care Finances

The CMSMCP contracts for administrative services with Ped-I-Care to provide network management, utilization management, member services, some claims functions, and quality improvement and compliance. DOH receives state and matching federal funds through the Florida Agency for Health Care Administration (AHCA), the agency responsible for oversight of Title XIX and XXI in Florida. A per member, per month rate is provided to Ped-I-Care by the DOH for each contract (Title XIX and XXI). The Ped-I-Care Program is at full risk for all administrative dollars paid through these rates; providers are not at risk. Providers are paid through the third-party administrator, which processes all claims.

Patient Satisfaction and Quality of Care Benchmarks

Patient satisfaction and program performance are monitored by the CMSMCP and AHCA. Ped-I-Care client satisfaction scores are among the highest in the nation of any insurance type. Furthermore, Ped-I-Care’s client satisfaction score historically reached 97% from families, who reported that they would recommend Ped-I-Care to others.

Ped-I-Care also meets or exceeds benchmarks for delivery of medical care, as reflected in AHCA scorecards of the program. The CMSMCP received the top score in 5 Healthcare Effectiveness Data and Information Set performance measures. Ped-I-Care Title XXI clients had a compliance rate of 98% for child health checkups and immunizations at age 2 years.

Synopsis

Ped-I-Care and the Department of Pediatrics have demonstrated a 12-year partnership with the Florida DOH, providing high-quality care for CSHCN. This partnership included participation in the State of Florida’s reorganization of Medicaid into a SMMC program. This long partnership demonstrates that academic health centers have the ability to collaborate well with state Medicaid plans and other state agencies in developing, improving, and sustaining state health services for CSHCN.

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