

Oklahoma Health Care Authority

**SoonerCare Quality Assessment and
Performance Improvement (QAPI) Study
Child Health Checkups**

Executive Summary

SoonerCare Choice



Report for Fiscal Year 2009
Review Period Calendar Year 2007

Report Submitted June 2009

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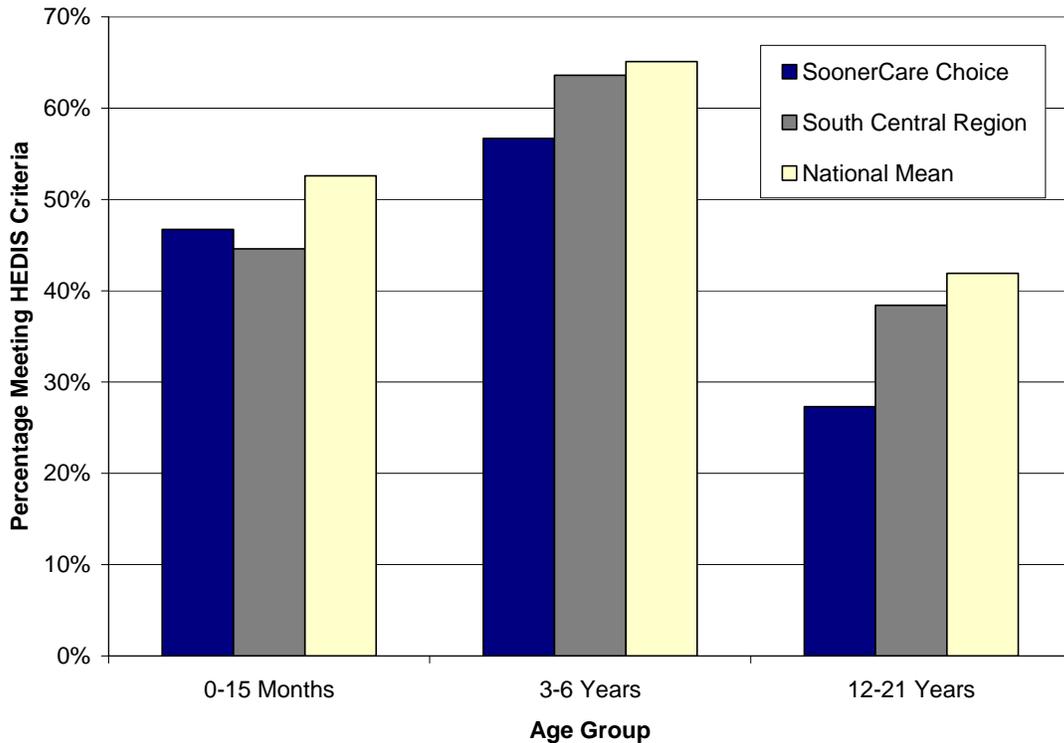
Child Health Checkups SoonerCare Choice

Executive Summary

APS Healthcare (APS), in collaboration with the Oklahoma Health Care Authority (OHCA), conducted a study in state fiscal year (SFY) 2009 to monitor the rate of documented Child Health Checkups provided to SoonerCare Choice members under the age of 21 years. This study adapted Healthcare Effectiveness Data and Information Set (HEDIS[®]) 2008 hybrid guidelines for Well-Child Visits, commonly referred to as Child Health Checkups. These visits are also known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits. The review period covered calendar year (CY) 2007 and four age groups: 0 to 15 months, 3 to 6 years, 7 to 11 years, and 12 to 21 years.

HEDIS hybrid criteria specify that a complete EPSDT exam consists of either a claim/encounter with specific EPSDT codes or documentation in the primary care provider's (PCP) medical record that includes the date, a comprehensive health and developmental history, a physical exam, and health education/anticipatory guidance. Documentation in the medical record must contain all components to be counted as an EPSDT visit. Children in the 0 to 15 month age group are expected to have six Child Health Checkups in the study period, while members between the ages of 3 and 21 are expected to have one visit in the study period to comply with HEDIS specifications. Differences should be noted between HEDIS criteria and the OHCA Child Health Checkup guidelines. HEDIS does not maintain a benchmark for ages 7 to 11 years, and for ages 12 to 21 years HEDIS specifies annual visits. The OHCA periodicity schedule calls for at least one Child Health Checkup on alternating years for members 7 years and older. If these members received all of the visits recommended by the OHCA periodicity schedule, the SoonerCare Choice rates would be about 50% on the HEDIS measures adapted for this study.

The figure below shows the rates of SoonerCare Choice Child Health Checkups with comparisons to national and regional means for those age groups that are included in the HEDIS measures.



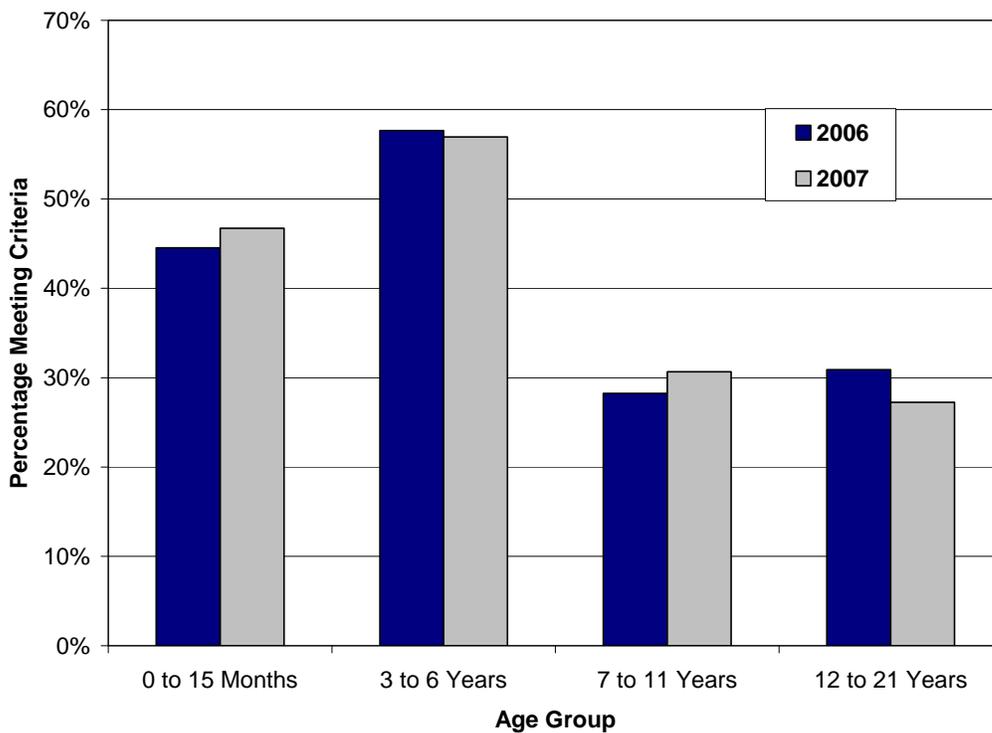
Almost 47% of members sampled in the 0 to 15 month age group received the specified six Child Health Checkups. Among the 3- to 6-year-olds, 56.7% received at least one Child Health Checkup during 2007. Seven- to 11-year-olds received 30.7% of the specified visits (not shown above because of a lack of national or regional figures for comparison), and 12- to 21-year-olds received 27.3%. For the three age groups included in the HEDIS measures, the SoonerCare Choice Child Health Checkup rates were significantly lower than the national Medicaid means for the same time period. Compared to the regional means, the SoonerCare Choice Child Health Checkup rates were similar for the 0 to 15 month age group, but fell below the regional means for the other age groups.

When data for members aged 0 to 15 months were analyzed according to exact number of documented visits, the SoonerCare Choice rates were consistent with the national Medicaid mean for members having at least 1, 2, or 3 visits. However, the percentages of SoonerCare Choice members receiving 4, 5, or 6 visits were significantly lower than the national Medicaid means.

When examined by the race/ethnicity of the child, Asian and Hispanic children had the highest percentage of specified visits for three of the four age groups. Caucasians had the highest percentage of specified visits for the 7- to 11-year-olds. While there were no significant differences between racial/ethnic groups, the percentage of children who received the specified number of Child Health Checkups was generally lower for the 7- to 11-year-olds and 12- to 21-year-olds for each racial/ethnic group.

When a child did not have the specified number of Child Health Checkups, but another office visit was documented by the provider, this represents a missed opportunity that could have resulted in the child receiving the specified number of Child Health Checkups. Medical record reviews indicated that a comprehensive health and developmental history and anticipatory guidance were the two components of a Child Health Checkup that were not identified as often as a physical exam was across all age groups. Members in the 7 to 11 age group had the highest rate of missed opportunities. The number of missed opportunities indicated that the rate of children receiving Child Health Checkups could be greatly improved by appropriately coding the visits.

The figure on the following page shows the comparisons of members with the specified number of Child Health Checkups for 2006 and 2007.



The differences in rates between 2006 and 2007 were not statistically significant.